

Case Number:	CM14-0006793		
Date Assigned:	02/07/2014	Date of Injury:	01/11/2013
Decision Date:	06/23/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/17/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 30-year-old male sustained an industrial injury on 1/11/13, when he lost his balance, slipped and fell on his back. The 4/17/13 lower extremity electrodiagnostic study revealed mild left L5/S1 radiculopathy. Records indicated that depression was manifested. The patient was diagnosed with an L5/S1 disc herniation complicated by canal stenosis with neurogenic claudication and cauda equina syndrome. He underwent a bilateral hemilaminectomy microdiscectomy at L5/S1 on 8/7/13. He attended 6 sessions of post-op aquatic therapy. The 10/7/13 treating physician report indicated that his symptoms were beginning to return. Physical exam documented the patient was slightly tearful and had a neurologically impaired gait, using a cane for ambulatory support. He was prescribed a tri-cyclic antidepressant and psychological referral was recommended. The 10/24/13 progress report documented acute worsening of pain and recurrence of cauda equina symptoms, with loss of bladder continence. There was no upper or lower extremity weakness noted. The 10/25/13 lumbar MRI impression documented postsurgical changes consistent with posterior decompression at L5/S1, with findings suggestive of granulation tissue in the left lateral recess at L5/S1. A recurrent disc extrusion was possible but thought to be less likely. There was effacement of the left lateral recess, and mild bilateral foraminal stenosis primarily due to facet arthropathy. The 11/3/13 progress report indicated that the patient was status post discectomy and had a recurrence in his symptoms with left leg pain, paresthesias, and giving out at times. The patient still had some bowel and bladder dysfunction. There were MRI findings of scar tissue at the L5/S1 level on the left with some residual stenosis. The treating physician recommended fusion at the L5/S1 level with posterior laminectomy and stabilization with bilateral iliac fixation. The 12/17/13 utilization review denied the request for anterior fusion at L5/S1 subsequent to a telephone conversation with the treating physician. The treating physician stated that after reviewing the MRI, it was likely there was scar tissue within

the left lateral recess and doubtful that there was a recurrent disc herniation. Given the age of the patient and recent surgery, there was agreement to request some therapy and an epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

ANTERIOR FUSION AT L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK CHAPTER, AND THE AMA GUIDES (RADICULOPATHY, INSTABILITY).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 278-326. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK- LUMBAR & THORACIC, FUSION (SPINAL).

Decision rationale: Under consideration is a request for anterior fusion at L5/S1. The MTUS/ACOEM Guidelines state that lumbar fusion is not recommended as a treatment for patients with radiculopathy from disc herniation or for patients with chronic lower back pain after lumbar discectomy. The Official Disability Guidelines state that spinal fusion is recommended as an option for spinal fracture, dislocation, spondylolisthesis or frank neurogenic compromise, subject to the selection criteria. Pre-operative clinical surgical indications require completion of all physical therapy and manual therapy interventions, demonstrated spinal instability, spine pathology limited to two (2) levels, and psychosocial screening. The guideline criteria have not been met. There is no radiographic evidence of segmental instability. A psychosocial screen is not evident. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried and failed. The 12/17/2013 utilization review documented an agreement with the provider to pursue conservative treatment. Therefore, this request for anterior fusion at L5/S1 is not medically necessary.