

Case Number:	CM14-0082948		
Date Assigned:	09/16/2014	Date of Injury:	05/13/2012
Decision Date:	10/15/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	05/30/2014

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 49-year-old male truck driver sustained an industrial injury on 5/13/12. Injury to the low back and trunk occurred relative to loading and unloading merchandise on racks. The 8/1/12 lumbar x-rays showed decreased disc height at L4/5 and L5/S1 with 1 mm L4 on L5 retrolisthesis. The 10/23/13 lower extremity electromyography/nerve conduction study revealed mild to moderate left L5 and S1 sensory radiculopathy. Records indicated persistent moderate to severe low back pain radiating into the legs. Physical exams from 1/8/14 to 4/2/14 documented left L5 myotomal 4-/5 weakness and decreased sensation from L4 to S1 bilaterally. The 4/18/14 lumbar magnetic resonance imaging scan impression documented a 3 mm disc protrusion at L5/S1 with abutment of the descending S1 nerve roots bilaterally and the exiting right and left L5 nerve roots. There was a 3 mm disc protrusion at L4/5 with abutment of the descending L5 nerve roots bilaterally and the exiting right and left L4 nerve roots. There was moderate L4/5 and mild L5/S1 central canal narrowing. Facet arthropathy was noted at L4/5 and L5/S1. The 4/30/14 treating physician report cited worsened low back pain radiating down both legs, left greater than right. Functional difficulty was noted in walking. Sitting and standing tolerance was limited to 20 minutes. Physical therapy and epidural injections in the past had not been helpful. Physical exam documented 5/5 lower extremity motor strength, and 2/4 and symmetrical deep tendon reflexes. There was decreased sensation bilaterally in the L5 and S1 nerve distribution. Recent magnetic resonance imaging scan findings showed L4/5 and L5/S1 degenerative disc disease with moderate to severe lumbar stenosis at L4/5 and moderate stenosis at L5/S1. There was a 3 mm disc herniation causing bilateral foraminal stenosis at L4/5. The injured worker had facet arthropathy at L4/5 and L5/S1. The treating physician opined the medical necessity of an L4/5 and L5/S1 decompression requiring more than 50% of the facets to be removed necessitating an instrumented fusion. The 5/23/14 utilization review denied the lumbar spine surgery and

associated requests as there was no indication of neural compression or probable dynamic neural compression on available imaging to support decompression and no demonstration of sagittal or coronal deformity or instability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decompression L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Lumbar & Thoracic, Discectomy/Laminectomy, Fusion (spinal)

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend lumbar decompression for workers with radiculopathy due to on-going nerve root compression who continue to have significant pain and functional limitation after appropriate conservative therapy. Guideline indications include radicular pain syndrome with current dermatomal pain and/or numbness, or myotomal muscle weakness all consistent with a herniated disc. Imaging findings are required that confirm persisting nerve root compression at the level and on the side predicted by the history and clinical examination. The Official Disability Guidelines state fusion may be supported for surgically induced segmental instability. Pre-operative clinical surgical indications for lumbar fusion require completion of a psychosocial screening with confounding issues addressed. Guideline criteria have not been met. There is imaging evidence of nerve root compression consistent with symptoms and clinical exam findings. Significant pain and functional limitation is noted. Guideline-recommended conservative treatment has been attempted and failed to provide sustained benefit. The treating physician has documented his intent to remove more than 50% of the facet joints which will create surgically induced segmental instability requiring fusion. Guidelines for fusion require psychological screening and clearance which is not evidenced. Given the failure to fully meet guideline criteria for the integral portion of the procedure (fusion) therefore; the request for Decompression L5-S1 is not medically necessary.

Decompression at L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Fusion L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Lumbar & Thoracic, Fusion (spinal)

Decision rationale: The Chronic Pain Medical Treatment Guidelines do not recommend lumbar fusion as a treatment for workers with radiculopathy from disc herniation or for spinal stenosis unless concomitant instability has been proven. The Official Disability Guidelines state fusion may be supported for surgically induced segmental instability. Pre-operative clinical surgical indications for lumbar fusion require completion of a psychosocial screening with confounding issues addressed. Guideline criteria have not been met. The treating physician has documented his intent to remove more than 50% of the facet joints which will create surgically induced segmental instability requiring fusion. Guidelines for fusion require psychological screening and clearance which is not evidenced. Therefore, the request for Fusion L4-5 is not medically necessary.

Fusion L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Lumbar & Thoracic, Fusion (spinal)

Decision rationale: The Chronic Pain Medical Treatment Guidelines do not recommend lumbar fusion as a treatment for workers with radiculopathy from disc herniation or for spinal stenosis unless concomitant instability has been proven. The Official Disability Guidelines state fusion may be supported for surgically induced segmental instability. Pre-operative clinical surgical indications for lumbar fusion require completion of a psychosocial screening with confounding issues addressed. Guideline criteria have not been met. The treating physician has documented his intent to remove more than 50% of the facet joints which will create surgically induced segmental instability requiring fusion. Guidelines for fusion require psychological screening and clearance which is not evidenced. Therefore, the request for Fusion L5-S1 is not medically necessary.