

<b>Case Number:</b>	CM14-0192439		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	07/12/2012
<b>Decision Date:</b>	02/09/2015	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 Texas. 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:

The injured worker is a 40-year-old male who reported injuries of unspecified mechanism on 07/12/2012. On 09/22/2014, his diagnoses included central disc disruption at L5-S1 with foraminal stenosis and lumbar radiculopathy, depression, and diabetes mellitus Type 2. His complaints included constant low back pain radiating down both lower extremities, but greater on the left than on the right. He had been treated with lumbar epidural injections, massage and 24 visits of physical therapy. He had "very limited" range of motion and was only able to flex forward to 20 degrees and any extension past 5 degrees caused pain. He did not attempt lateral bending due to pain. He had a positive straight leg raise test at 90 degrees bilaterally, greater on the left than on the right. He had tenderness noted across his low back at the lumbosacral junction. An MRI of the lumbar spine on 06/09/2014 revealed disc desiccation at L5-S1 with associated loss of disc height. There was straightening of the lumbar lordotic curve with restricted range of motion on flexion and extension, which may have reflected an element of myospasm. At L5-S1, there was a broad based posterior disc herniation indenting the thecal sac with concurrent hypertrophy of facet joints and ligamentum flava which contributed to the stenosis of the bilateral neural foramen which contacted the bilateral L5 exiting nerve roots. Lumbar x-rays showed evidence of intervertebral narrowing at L5-S1, but no significant spondylolisthesis or instability. The surgery was requested because the practitioner felt that this worker's symptoms were related to a progressive degenerative disease at the L5-S1 level as well as neural impingement. A Request for Authorization dated 09/29/2014 was included in this injured worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L5-S1 Anterior/Posterior Laminectomy with Fusion instrumentation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307 and 310.

**Decision rationale:** The request for L5-S1 Anterior/Posterior Laminectomy with Fusion Instrumentation is not medically necessary. The California ACOEM Guidelines note that within the first 3 months after onset of acute low back symptoms, surgery is considered only when serious spinal pathology or nerve root dysfunction not responsive to conservative therapy and obviously due to a herniated disc is detected. Disc herniation may impinge on a nerve root, causing irritation, back and leg symptoms, and nerve root dysfunction. The presence of a herniated disc on an imaging study however does not necessarily imply nerve root dysfunction. Studies of asymptomatic adults commonly demonstrate intervertebral disc herniations that apparently do not cause symptoms. Some studies suggest that pain may be due to irritation of the dorsal root ganglion by inflammogens released from a damaged disc in the absence anatomical evidence of direct contact between neural elements and disc material. Therefore, referral for surgical consultation is indicated for patients who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise, activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms, clear clinical imaging and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair and failure of conservative treatment to resolve disabling radicular symptoms. Before referral for surgery, clinicians should consider referral for psychological screening to improve surgical outcomes, possibly including standardized tests such as the MMPI II. With or without surgery, more than 80% of patients with apparent surgical indications eventually recover. Although surgery appears to speed short to midterm recovery, surgical morbidity and complications must be considered. Surgery benefits fewer than 40% of patients with questionable physiologic findings. Moreover, surgery increases the need for future surgical procedures with higher complication rates. Patients with comorbid conditions such as diabetes may be poor candidates for surgery. Comorbidity should be weighed and discussed carefully with the patient. Except for cases of trauma related spinal fracture or dislocation, fusion of the spine is not usually considered during the first 3 months of symptoms. Patients with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion. There is no scientific evidence about the long term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis compared with natural history, placebo or conservative treatment. There is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation or spondylolisthesis if there is instability and motion in the segment operated on. It is important to note that although it is being undertaken, lumbar fusion in patients with other types of low back pain very seldom cures the

patient. Although it was mentioned that this injured worker had received epidural steroid injections, there was no documentation submitted regarding the results therefrom. Similarly, although he participated in 24 visits of physical therapy, those records were not available for review. X-rays of his lumbar spine indicated no significant spondylolisthesis or instability. His comorbid diabetes was not taken into account or discussed with the worker. Additionally, there was no psychological screening submitted in this worker's chart. Given the lack of documentation as outlined above, there is insufficient information at this time to warrant the requested surgical procedure. Therefore this request for L5-S1 Anterior/Posterior Laminectomy with Fusion Instrumentation is not medically necessary.

**LSO Back Brace: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

**Decision rationale:** The request for LSO Back Brace is not medically necessary. The California ACOEM Guidelines do not recommend lumbar supports for acute lumbar spine disorders. Lumbar support is not recommended for the treatment of low back disorders. Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The guidelines do not support the use of a back brace. The request did not specify whether the requested brace was to be custom made or prefabricated or the size of the brace. Additionally, it did not specify frequency of use. Therefore this request for LSO Back Brace is not medically necessary.

**Inpatient Stay, 3 days: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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.

**Assistant surgeon: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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.

**Pre-op medical clearance: labs, UA, MRSA screen:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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.

**Spinal cord monitoring:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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.

**Pre-op medical clearance: Chest X-ray:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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.

**Pre-op medical clearance: EKG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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.

**Vascular Surgeon:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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.

**History and Physical:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21 and 22.

**Decision rationale:** The request for History and Physical is not medically necessary. The California ACOEM Guidelines note that a focused medical history, work history and physical examination generally are sufficient to assess the patient to complaints of an apparent job related disorder. The initial medical history and examination will include evaluation for serious underlying conditions, including sources of referred symptoms in other parts of the body. The initial assessment should characterize the frequency, intensity, and duration in this and other equivalent circumstances. This injured worker has been seen by multiple providers. If the requesting provider cannot perform a history and physical or does not have access to that information, it can be obtained through a release of medical records from the worker's primary care provider. The need for the requested information was not clearly demonstrated in the submitted documentation. Therefore this request for History and Physical is not medically necessary.