

Case Number:	CM15-0101334		
Date Assigned:	06/03/2015	Date of Injury:	09/18/2013
Decision Date:	07/08/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/27/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Illinois, California, Texas

Certification(s)/Specialty: Orthopedic Surgery

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 67-year-old female who sustained an industrial injury on 9/18/13. The mechanism of injury was not documented. The 2/27/15 lumbar spine x-ray impression documented degenerative lumbar scoliosis and advanced disc degeneration worse on the right at L4/5 with large right-sided osteophyte as well as on the left at L3/4 with left sided osteophyte and asymmetric disc collapse. The 3/23/15 lumbar spine MRI impression documented S-shaped dextroscoliosis of the thoracolumbar junction with compensatory levoscoliosis of the lower lumbar spine with straightening of the normal lumbar lordosis. There was no evidence for spondylolisthesis or spondylosis. There were multilevel disc osteophyte complexes extending from L1/2 through L5/S1 without significant central canal stenosis. There was neuroforaminal stenosis noted from L3/4 through L5/S1. At the L1/2 and L2/3 levels, there was mild osteophytic bar and disc bulge with bilateral facet arthropathy, facet effusions and ligamentum hypertrophy. This contributed to mild ventral impression on the thecal sac without significant central or subarticular recess stenosis. There was mild bilateral neuroforaminal stenosis at L1/2. At L3/4, there were degenerative endplate and disc changes with mild osteophytic bar and bulge. There was bilateral facet arthropathy, facet effusions, and ligamentum hypertrophy contributing to mild ventral impression on the thecal sac, bilateral subarticular recess stenosis, and moderate neuroforaminal stenosis. At L4/5, there was disc desiccation and degenerative endplate changes with mild osteophytic bar and bulge. There was bilateral facet arthropathy and facet effusion contributing to mild ventral impression on the thecal sac without significant central canal stenosis. There was mild bilateral subarticular recess stenosis and moderate bilateral neuroforaminal stenosis, right greater than left. At L5/S1, there was mild osteophytic bar and bulge with bilateral facet arthropathy contributing to mild ventral impression on the thecal sac

without significant central or subarticular recess stenosis. There was moderate right greater than left neuroforaminal stenosis. The 4/24/15 treating physician report cited persistent grade 8/10 low back pain radiating into the right lateral right thigh and leg with tenderness and spasms. Conservative treatment had included extensive physical therapy and core strengthening, and she had epidural steroid injections twice with only minimal improvement. She was not working. Physical exam documented positive right straight leg raise, decreased right extensor hallucis longus and gastrocnemius strength, normal reflexes, and slightly diminished right lateral calf and foot sensation. She had imaging evidence of disc degeneration and moderate foraminal narrowing at L4/5 and L5/S1 with facet disease. There was left sided narrowing at L3/4. The diagnosis was low back and right leg radicular pain and right sided L4/5 and L5/S1 stenosis. There was imaging evidence of stenosis primarily due to disc degeneration and collapse leading to asymmetric narrowing of the neuroforamen due to disc bulge and loss of disc height. The treatment plan recommended L4/5 and L5/S1 transforaminal lumbar interbody fusion and decompression. It was noted that the entire facet joint would need to be resected to help open the foraminal space. Therefore, she would need a fusion as well. Authorization was requested for L4-5 and L5-S1 transforaminal lumbar interbody fusion, pre-operative medical clearance, and post-operative physical therapy twice a week for six weeks. The 5/14/15 utilization review non-certified the request for L4/5 and L5/S1 transforaminal lumbar interbody fusion as there was no evidence of spinal instability or significant disc space collapse, and guideline criteria had not been met for spinal fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

In-patient L4-L5 and L5-S1 transforaminal lumbar interbody fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Fusion (spinal).

MAXIMUS 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 - Lumbar & Thoracic, Discectomy/Laminectomy, Fusion (spinal).

Decision rationale: The California MTUS guidelines recommend laminotomy, laminectomy, and discectomy for lumbosacral nerve root decompression. Guidelines state there is no good evidence that spinal fusion alone was effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there was instability and motion in the segment operated on. Before referral for surgery, consideration of referral for psychological screening is recommended to improve surgical outcomes. The Official Disability Guidelines recommend criteria for lumbar decompression that include symptoms/findings that confirm the presence of radiculopathy and correlate with clinical exam and imaging findings. Guideline criteria include evidence of nerve root compression, imaging findings of nerve root compression, lateral disc rupture, or lateral recess stenosis, and completion of comprehensive conservative treatment. Fusion is recommended for objectively demonstrable segmental instability, such as excessive motion with degenerative spondylolisthesis. Fusion may be supported for surgically induced segmental instability. Pre-operative clinical surgical indications require completion of all physical therapy and manual therapy interventions, x-rays demonstrating spinal instability, spine pathology limited to 2 levels, and psychosocial screening with confounding issues addressed. Guideline criteria have not been met. This injured worker

presents with persistent function-limiting low back pain radiating to the right lateral calf and foot. Clinical exam findings are consistent with imaging evidence of right neuroforaminal stenosis with plausible nerve root compression. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. There is no radiographic evidence of spinal segmental instability. The treating physician has opined the need for wide decompression that would result in temporary intraoperative instability requiring fusion. However, there is evidence of multilevel disc osteophyte complexes from L1/2 to L5/S1 with neuroforaminal stenosis at the L3/4 though L5/S1 levels. This exceeds guideline recommendations for spinal pathology limited to 2 levels. Additionally, there is no evidence of a psychosocial screen. Therefore, this request is not medically necessary.

Associated Surgical Service: Pre-operative medical clearance: 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.

Associated Surgical Service: Post-operative physical therapy 2 x 6 weeks: 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.