Case Number:	CM15-0102283		
Date Assigned:	06/09/2015	Date of Injury:	09/11/2013
Decision Date:	07/13/2015	UR Denial Date:	05/07/2015
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 43-year-old male who sustained an industrial injury on 9/11/13. Injury occurred when he picked up a box of copy paper from the floor with onset of low back pain. He underwent L4/5 microdiscectomy, laminectomy and foraminotomy on 12/3/13 and L4/5 lumbar laminotomy, foraminotomy, partial facetectomy, and microdiscectomy revision on 10/1/14. Conservative treatment included physical therapy, TENS unit, acupuncture, home exercise, medications, and activity modification. The 4/28/15 lumbar spine MRI impression documented stable postsurgical changes from the prior left L4 laminotomy. There was mild endplate marrow edema at the L4/5 level with slightly decreased disc height from prior exam. There was interval further slight decrease in the size of the left foraminal and lateral disc protrusion, still contributing to a moderate degree of central canal stenosis and severe left foraminal exit zone compromise. At L5/S1, there was a 2 mm diffuse central disc bulge not causing any compression of the thecal sac, but it traversed just anterior to the S1 nerve roots especially on the left side. At L4/5, there was a central, left central and left foraminal disc protrusion extending into the left neuroforamen contributing to thecal sac compression, moderate to severe central canal stenosis, and severe left foraminal exit zone compromise. This was likely compressing the descending L5 and S1 nerve roots. There was facet joint hypertrophy. At L3/4, there was a 2 mm disc bulge contributing to mild central canal stenosis and right foraminal exit zone compromise and facet joint hypertrophy. At L2/3, there was a 2-3 mm right foraminal and lateral disc protrusion not causing any significant central canal stenosis but contributing to right foraminal exit zone compromise and mild facet joint hypertrophy. The 4/28/15 treating physician report cited more back and left leg pain with numbness and tingling. He had not improved despite

conservative treatment. Physical exam documented marked and painful loss of range of motion, no paraspinal spasms or tenderness, positive sciatica notch tenderness, and positive straight leg raise. The diagnosis was lumbar radiculopathy. Authorization was requested for L4/5 anterior lumbar decompression and fusion with screw fixation, followed by L4/5 posterior lumbar decompression, fusion and instrumentation, and vascular surgeon. The 5/7/15 utilization review non-certified the request for staged L4/5 anterior lumbar decompression and fusion with screw fixation, followed by L4/5 posterior lumbar decompression, fusion and instrumentation and associated vascular surgeon as there was no documented of spinal instability, indication that all physical medicine and manual therapy interventions had been completed, and no indication of a psychosocial screening. The 5/13/15 medical legal report cited current complaints of continued moderate low back pain radiating to the left leg. Physical exam documented short leg limp gait on the left, squat 50% of normal, slow movement, use of a cane, and moderate bilateral paraspinal tenderness and spasms. There was moderate to marked loss of lumbar range of motion, hypoesthesia over the dorsum and lateral aspect of the left foot, absent left Achilles reflex, and normal motor function. Straight leg raise was positive on the left. X-rays showed mild L4/5 disc space narrowing, flattening of the lumbar lordosis and no visible laminectomy. MRI was reviewed and showed a very large left oriented disc protrusion with post-operative changes at L4/5 with severe lateral recess and foraminal stenosis. There was a mild right foraminal disc protrusion. There were advanced degenerative changes of the facet joints at L4/5. He had signs and symptoms consistent with L5 and S1 radiculopathy based on the areas of numbness. He would be a candidate for fusion at L4/5 given his significant facet arthropathy. Additional diagnostic studies including lower extremity EMG/NCV and CT myelogram were recomm ended prior to surgical intervention to assess whether or not the L3/4 level needs to be addressed and why the injured worker has a distribution of L5 and S1 radiculopathy. Disc replacement surgery was not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stage 1: L4-5 anterior lumbar decompression and fusion, screw fixation. Stage 2: L4-5 posterior lumbar decompression, fusion and instrumentation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 13th edition (web), 2015, 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. MTUS guidelines indicate that lumbar spinal fusion may be considered for patients with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis. 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 low back and left lower extremity pain, numbness and tingling that is consistent with an L5 and S1 radiculopathy. Clinical exam findings are consistent with imaging evidence of nerve root compression at the L5/S1 level. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. It is reasonable that wide decompression of the significant facet arthropathy would cause temporary intraoperative instability supporting the medical necessity of fusion. However, there is no evidence that a psychosocial screen has been completed. Additional diagnosis studies have been recommended to address the adjacent segment and clarify nerve root compression prior to proceeding with surgery. Given two previous surgeries, it seems reasonable to complete all recommended studies prior to undertaking additional surgery. Therefore, this request is not medically necessary at this time.

Vascular co-surgeon: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid services, Physician Fee Schedule: Assistant Surgeons, http://www.cms.gov/apps/physician-fee-schedule/overview.aspx.

Decision rationale: As the surgical request is not supported, this request is not medically necessary.