

<b>Case Number:</b>	CM15-0103094		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	04/15/2014
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2015

### 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 37-year-old male who sustained an industrial injury on 4/15/14. Injury occurred while getting out of his work vehicle. Past medical history was positive for anxiety. Social history was negative for smoking. The 8/19/14 electrodiagnostic study findings were suggestive of moderate to severe left S1 lumbar radiculopathy. The 10/10/14 lumbar spine MRI impression documented a mild left paracentral disc protrusion at L5/S1 with effacement of the adjacent thecal sac with the neural foramina appearing preserved. Conservative treatment included medications, physical therapy, acupuncture, chiropractic care and a TENS unit. The 4/15/15 treating physician report cited grade 8/10 low back pain radiating to the left leg. The injured worker had minimal improvement despite anti-inflammatories and physical therapy. Review of systems indicated that the injured worker complained of depression, but no suicidal ideation, and past medical history was positive for anxiety for which he took Xanax. Lumbar spine exam documented normal range of motion, paraspinal tenderness, normal lower extremity strength and reflexes, and decreased left L5 dermatomal sensation. Imaging showed an L5/S1 disc herniation and desiccation. The treatment plan recommended L5/S1 decompression and fusion. Fusion may be necessary if iatrogenic instability occurs during surgical decompression. The 4/29/15 utilization review non-certified the request for lumbar decompression and fusion at L5/S1 as there was no evidence of psychological clearance. The 5/1/15 treating physician appeal stated that psychological clearance was not necessary when fusion was necessitated due to iatrogenic instability following decompression surgery. Psychological clearance was reportedly only needed when fusion was indicated for axial back pain.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Lumbar decompression and fusion at L5-S1: Upheld**

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

**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 surgery for lumbosacral nerve root decompression. Before referral for surgery, consideration of referral for psychological screening is recommended to improve surgical outcomes. The Official Disability Guidelines recommend criteria for lumbar laminotomy 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 may be supported for surgically induced segmental instability. Pre-operative guidelines include completion of all physical medicine and manual therapy interventions and psychosocial screen with all confounding issues addressed. Guideline criteria have not been met. This injured worker presents with low back pain radiating to the left leg. Clinical exam findings were consistent with imaging evidence of L5/S1 disc herniation and electrodiagnostic evidence of left S1 radiculopathy. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. However, this injured worker has documented plausible psychological issues with no evidence of psychosocial screening for surgery. Therefore, this request is not medically necessary at this time.