

Case Number:	CM15-0104468		
Date Assigned:	06/08/2015	Date of Injury:	11/05/2009
Decision Date:	07/13/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/01/2015

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:

This injured worker is a 56-year-old male who sustained an industrial injury on 11/5/09. Injury occurred when he tripped and fell on the surface of a roof while carrying a bundle of shingles weighing approximately 75 pounds. Past medical history was significant for depression. Past surgical history was positive for L4/5 decompression and fusion with left sided L5/S1 laminectomy on 12/5/11. Conservative treatment has included physical therapy, exercise, anti-inflammatories, and activity modification. The 8/11/12 lumbar spine x-ray documented minimal grade 1 posterior spondylolisthesis of L3 on L4. The 1/14/15 treating physician report documented lumbosacral x-rays showing spondylolisthesis and instability at L3/4. The 4/8/15 lumbar spine MRI impression documented status post laminectomy and posterior fusion at L4/5 with no evidence of recurrent disc herniation. Findings at L3/4 were documented as broad-based disc bulging, ligamentum thickening and facet arthrosis that combine to produce mild canal stenosis. There was moderately severe right and moderate left foraminal stenosis noted. The 4/15/15 treating physician report cited continued low back and left leg pain. Pain had increased last week but had improved. Pain was reported over the lumbosacral region and right thigh with occasional right medial foot pain. Review of systems documented a history of depression, nervousness and mood change. Lumbar spine exam documented moderate loss of flexion and extension, 4/5 left ankle dorsiflexion weakness, 2+ and symmetrical deep tendon reflexes, and decreased left L4 sensation. The diagnosis included lumbar spondylolisthesis at L3/4 with instability. The injured worker was reported status post L4/5 laminectomy and fusion and left L5/S1 decompression. The treatment plan recommended hardware removal and left L3/4

decompression and instrumented fusion. Medications were prescribed to include Prilosec and Naprosyn. Authorization was requested for removal of hardware, L3 foraminotomy, L4 foraminotomy, arthrodesis and instrumentation, and post-operative lumbar brace. The 5/18/15 utilization review non-certified the request for removal of hardware, L3 foraminotomy, L4 foraminotomy, arthrodesis and instrumentation, and post-operative lumbar brace as it was not clear the conservative treatment had been exhausted, the injured worker had psychiatric issues, and there was no evidence of spinal instability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Removal of hardware, L3 foraminotomy, L4 foraminotomy, arthrodesis and instrumentation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 310.

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 1½ 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 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 is recommended for objectively demonstrable segmental instability, such as excessive motion with degenerative spondylolisthesis. Spinal instability criteria includes lumbar inter-segmental movement of more than 4.5 mm. 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 complaints of low back and bilateral lower extremity pain. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Clinical exam findings do not fully correlate with the proposed surgical level. There is imaging evidence of moderate to moderately severe neuroforaminal stenosis at L3/4. The treating physician reported spondylolisthesis at this level with instability but records have documented slight grade 1 spondylolisthesis in the past. The current MRI did not document any listhesis at the L3/4 level. There was no radiographic evidence of spinal segmental instability consistent with guideline criteria. There is evidence of psychological issues with no evidence that psychological clearance has been obtained. Therefore, this request is not medically necessary.

Post-operative lumbar brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) American College of Occupational and Environmental Medicine (ACOEM). Occupational Medical Practice Guidelines 2nd Edition. Chapter 12 Low Back Disorders. (Revised 2007) page(s) 138-139.

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