

Case Number:	CM15-0105961		
Date Assigned:	06/10/2015	Date of Injury:	03/17/2013
Decision Date:	07/13/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	06/02/2015

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 49-year-old female who sustained an industrial injury on 3/17/13. Injury occurred when she lifted a resident from the floor to put her on the bed, with acute onset of lower back pain. Past medical history was noted to be positive for depression. Social history was positive for current ½ packs per day smoking. Conservative treatment had included physical therapy, activity modification, epidural steroid injection, and medications. The 7/15/13 lumbar spine MRI conclusion documented a 3-4 mm broad-based posterior disc protrusion at L4/5 resulting in bilateral neuroforaminal narrowing in conjunction with facet joint hypertrophy. The central canal was stenosed and bilateral exiting nerve root compression was seen. At L5/S1, there was a 4-5 mm broad-based posterior disc protrusion resulting in bilateral neuroforaminal narrowing and canal stenosis, and bilateral exiting nerve root compromise is seen. The 4/14/15 treating physician report cited grade 5/10 low back pain radiating to both legs with numbness, and neck pain radiating to both arms. The injured worker reported that an epidural steroid injection had given her relief for only a few days. The injured worker was noted to be a smoker. Lumbar spine exam documented paraspinal tenderness, normal range of motion, normal lower extremity strength and reflexes, negative straight leg raise, and diminished bilateral L5 dermatomal sensation. Lumbar MRI showed L4 to S1 reduced disc height with foraminal stenosis. The diagnosis included lumbar radiculopathy. The injured worker had failed conservative treatment with anti-inflammatory and physical therapy, and had improvement with epidural steroid injection. Authorization was requested for L4-S1 fusion and post-operative physical therapy 2 times a week for 8 weeks. The 4/29/15 utilization review non-certified the

request for L4-S1 fusion and associated post-operative physical therapy as there was no documentation of spondylolisthesis instability or that complete facetectomies would be required for adequate decompression creating iatrogenic instability. The 5/5/15 treating physician appeal indicated that the injured worker returned today with no improvement in symptoms. Lumbar spine exam documented paraspinal tenderness to palpation, normal range of motion, and negative straight leg raise. Lower extremity neurologic exam documented 5/5 strength, diminished bilateral L5 dermatome sensation, and 2+ and symmetrical deep tendon reflexes. Lumbar MRI was reviewed and showed an L4 to S1 disc collapse with herniation and significant stenosis that is broad. The treating physician report indicated that findings of broad stenosis in the lateral recess foramina and extra foramina that indicate the need to remove more than half the facet in order to provide adequate decompression. This would cause iatrogenic instability requiring fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-S1 fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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. For any potential fusion surgery, it is recommended that the patient refrain from smoking for at least 6 weeks prior to surgery and during the period of fusion healing. Guideline criteria have not been met. This injured worker presents with persist low back pain radiating to the bilateral lower extremities. Clinical exam findings are consistent with imaging evidence of nerve root compression at the L4/5 and L5/S1 levels. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. The treating physician has opined the need for removal of more the 50% of the facet joints for adequate decompression which will result in temporary intraoperative instability

necessitating fusion. However, this injured worker is documented as a current smoker with no evidence of smoking cessation consistent with guidelines. Additionally, psychological issues are noted in the records with no evidence of a psychosocial screen for fusion surgery. Therefore, this request is not medically necessary at this time.

Post-operative physical therapist 2 times a week for 8 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines
Page(s): 26.

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