

Case Number:	CM15-0108485		
Date Assigned:	06/15/2015	Date of Injury:	07/27/1997
Decision Date:	07/14/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/05/2015

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 55-year-old female who sustained an industrial injury on 7/27/97. Injury occurred when she was helping a hospital patient back into bed. When she lifted the patient's leg to reposition it, she felt a pop in her low back with acute onset of radicular lower back pain. She underwent L5/S1 laminectomy/discectomy on 3/29/99. Past medical history was positive for hypertension and smoking. The 5/15/15 agreed medical examination report cited constant low back pain radiating down both legs to the feet, with constant lateral numbness and tingling and weakness. She was able to walk or stand for 3 to 5 minutes before she needed to sit down for 5 to 10 minutes due to low back pain. Sitting tolerance was limited to 5 to 10 minutes. She reported that she had fallen several times in the past 8 years due to unsteady gait and low back pain. She had lost 80-90 pounds since she was last examined, and currently weighed 140 pounds. Lumbar spine exam documented lower midline and right lumbosacral tenderness, moderate loss of lumbar flexion, and marked loss of lumbar extension and lateral flexion. She ambulated with a slow waddling gait and was able to get up on her heels and toes. Lower extremity deep tendon reflexes were absent bilaterally. Straight leg raise was positive for pulling sensation in the back. There was decreased S1 dermatomal sensation bilaterally, and decreased 4/5 plantar flexion strength bilaterally. The AME indicated that he had previously found her to be a candidate for lumbar surgery following weight loss. He recommended that she undergo updated lumbar MRI and electrodiagnostic studies prior to surgery to delineate possible pathology contributing to her on-going symptomatology. The 2/21/15 lumbar spine MRI impression documented L2/3 marked degenerative anterolisthesis with severe central and left foraminal stenosis; moderate central and

foraminal stenosis at L3/4, and moderate to severe right greater than the left foraminal stenosis at L5/S1. A 3 mm degenerative listhesis was noted at L3/4. The 4/28/15 pain management report cited grade 4-10/10 back pain that "waxes and wanes with activity and could radiate into the hips and down the legs with numbness and tingling. There were obvious myofascial trigger points over the lumbosacral area. Controlled medications improved her ability to perform activities of daily living and quality of life. Physical exam documented lumbosacral tenderness, positive straight leg raise bilaterally, decreased sensation over the L4-S1 dermatomes bilaterally, and +2 and symmetrical deep tendon reflexes. Medications were refilled and continued conservative treatment recommended. The 5/22/15 treating physician handwritten report cited continued low back pain radiating to both lower extremity with tingling and pain in both feet. She reported that she could not go barefoot anymore. She had been medically cleared for surgery and saw the AME who agreed with surgery if she chose to do so. Medications included Duragesic patch, Roxicodone, Cymbalta, and Motrin. Physical exam documented positive straight leg raise bilaterally, and decreased sensation over the L4 and L5 dermatomes. The diagnosis was degenerative spondylosis. Authorization was requested for posterior spinal fusion with decompression, segmental instrumentation at L2-5, and transforaminal lumbar interbody fusion with cage at L4/5, with 4 day inpatient stay. The 5/29/15 utilization review non-certified the request for posterior spinal fusion with decompression, segmental instrumentation at L2-5, and transforaminal lumbar interbody fusion with cage at L4/5 and associate 4 day inpatient stay was there was no evidence of failure to respond to a course of conservative measures or evidence of instability on flexion/extension x-ray studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posterior Spinal Fusion with decompression, segmental instrumentation at L2-5 and transforaminal lumbar interbody fusion with cage at L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 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 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 moderate to severe on-going low back pain radiating into both lower extremities to the feet with numbness and tingling. Clinical exam findings are consistent with plausible L4-S1 radiculopathy. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. There is imaging evidence of severe spinal stenosis at L2/3, and moderate to severe stenosis at L3/4 and L5/S1. There is imaging evidence of degenerative spondylolisthesis at L2/3 (no measurement) and L3/4 (3 mm), however there is no radiographic evidence of spinal segmental instability at any level on flexion/extension films consistent with guidelines. There is no discussion regarding the need for wide decompression that would result in temporary intraoperative instability and necessitate fusion. Imaging documented no evidence of neural compromise at L4/5. There is no evidence of a psychosocial screen. There is no discussion of smoking cessation documented. Therefore, this request is not medically necessary at this time.

4 day inpatient stay: 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 Official Disability Guidelines (ODG) Low Back Lumbar & Thoracic: Hospital length of stay (LOS).

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