

Case Number:	CM15-0133386		
Date Assigned:	07/21/2015	Date of Injury:	10/18/2012
Decision Date:	08/19/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/10/2015

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 63-year-old male who sustained an industrial injury on 10/18/12. Injury occurred while he was loading a truck and lifting greater than 60 pounds. Past medical history was positive for hypertension. Conservative treatment included medications, physical therapy, facet injections, epidural steroid injection, and activity modification. The 7/14/14 bilateral lower extremity EMG/NCV findings were consistent with bilateral lumbosacral radiculopathies at L4-L5-S1 on the right and L5-S1 on the left. The 5/11/15 lumbar spine MRI impression documented multilevel degenerative disc disease and multilevel degenerative facet arthrosis most pronounced at the L4/5 level. Conspiring abnormalities caused severe canal and lateral recess stenosis at L4/5 with nerve root impingement suggested. Stenosis was less pronounced but present within the lateral recesses at L2/3 and L3/4. Normal alignment was present throughout the lumbar spine without spondylolisthesis or spondylolysis at any level. At L1/2, there was moderate degenerative disc disease and broad posterior disc protrusion indenting the anterior CSF space causing mild canal narrowing but no central nerve root impingement. The lateral recesses were moderately narrowed and there was abutment of the descending nerve roots in the lateral recesses, right greater than left, with no evidence of nerve root displacement or impingement. There was moderate neuroforaminal narrowing. At L2/3, there was mild degenerative disc disease and broad posterior disc protrusion indenting the anterior CSF space and minimally abutting the central nerve roots with no nerve root displacement or impingement. There was abutment of the descending nerve roots in the lateral recesses but no definite nerve root displacement or impingement. There was moderate neuroforaminal narrowing and minimal

abutment of the exiting nerve roots within the foramina but no definite nerve root impingement. At L3/4, there was mild degenerative disc disease and broad posterior disc protrusion indenting the anterior CSF space abutting some of the central nerve roots without definite nerve root impingement. There was more pronounced abutment of the nerve roots in the lateral recesses and there may be some intermittent impingement of the descending nerve roots. There was moderately severe neuroforaminal narrowing and abutment of the exiting L3 nerve roots bilaterally. At L4/5, there was moderate degenerative disc disease and broad posterior disc protrusion superimposed on congenitally short pedicles and facet arthrosis and hypertrophy, resulting in severe canal and lateral recess stenosis with nerve root impingement centrally and in the lateral recesses at L4/5. There was moderately severe neuroforaminal narrowing and abutment of the exiting L4 nerve roots with no definite impingement. At L5/S1, there was a focal left posterior paramedian disc protrusion abutting the descending S1 nerve roots in the left lateral recess with no definite nerve root displacement or impingement. The central canal was widely patent. There was a mild broad posterior disc bulge abutting the descending S1 nerve root in the right lateral recess with no nerve root displacement or impingement. There was moderate neuroforaminal narrowing with minimal abutment of the undersurface of the exiting L5 nerve roots in the far lateral recesses with no displacement, imprint or impingement. There was mild facet arthritis at L3/4 and L5/S1, and moderate at L4/5. The 6/17/15 treating physician report cited persistent grade 5/10 low back radiating down both legs, associated with bilateral leg, peroneal and perianal numbness. Symptoms were worse with prolonged sitting or walking, and alleviated by medication. Physical exam documented antalgic gait favoring the left leg, diffuse hyporeflexia in the lower extremities, and subjective numbness in the legs bilaterally. Imaging showed profound spinal stenosis from L1 through L5, most pronounced at L4/5 with an L1-L2 thoracolumbar kyphosis. With the injured worker's cauda equina syndrome and severe spinal stenosis, further conservative treatment options are not valid. Authorization was requested for an L1-L5 microscopic decompression and in the likely event that he requires a facetectomy, he will then require a multi-level lumbar fusion with hardware. He is also requesting a 2-day inpatient stay and cardiac pre-operative clearance. The 6/29/15 utilization review non-certified the L1 through L5 decompression with possible fusion and hardware with associated surgical requests as it was unclear that the injured worker's condition warranted a 4-level fusion, particularly at the L1/2 and L2/3 levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

L1 thru L5 decompression with possible fusion and hardware: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-308.

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 (ODG) recommends 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. The ODG state that lumbar spinal fusion is not recommended for workers compensation patients for degenerative disc disease, disc herniation, spinal stenosis without degenerative spondylolisthesis or instability, or non-specific low back pain. Pre-operative clinical surgical indications include all of the following: (1) All physical medicine and manual therapy interventions are completed with documentation of reasonable patient participation with rehabilitation efforts including skilled therapy visits, and performance of home exercise program during and after formal therapy. Physical medicine and manual therapy interventions should include cognitive behavioral advice (e.g. ordinary activities are not harmful to the back, patients should remain active, etc.); (2) X-rays demonstrating spinal instability and/or myelogram, CT-myelogram, or MRI demonstrating nerve root impingement correlated with symptoms and exam findings; (3) Spine fusion to be performed at one or two levels; (4) Psychosocial screen with confounding issues addressed; the evaluating mental health professional should document the presence and/or absence of identified psychological barriers that are known to preclude post-operative recovery; (5) For any potential fusion surgery, it is recommended that the injured worker refrain from smoking for at least six weeks prior to surgery and during the period of fusion healing; (6) There should be documentation that the surgeon has discussed potential alternatives, benefits and risks of fusion with the patient. Guideline criteria have been met. This injured worker presents with low back pain radiating into the bilateral lower extremities with numbness and hyporeflexia. He has been diagnosed with severe spinal stenosis and cauda equina syndrome. Clinical exam findings are consistent with imaging and electrodiagnostic evidence of plausible nerve root compression from L1/2 through L5/S1. Evidence of a reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. The need for fusion can be supported based on the likely need for facetectomy. There is no evidence of psychological issues. Therefore, this request is medically necessary.

2 day inpatient stay: Overturned

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: The California MTUS does not provide hospital length of stay recommendations. The Official Disability Guidelines recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. The recommended median and best practice target for anterior lumbar fusion is 3 days. This request

for 2 day inpatient stays with within guideline recommendations. Therefore, this request is medically necessary.

Cardiology pre-op clearance: Overturned

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 Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p.

Decision rationale: The California MTUS guidelines do not provide recommendations for pre-operative medical clearance. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Middle-aged males with hypertension have known occult increased medical/cardiac risk factors. Guideline criteria have been met based on patient age, magnitude of surgical procedure, recumbent position, fluid exchange and the risks of undergoing anesthesia. Therefore, this request is medically necessary.