

Case Number:	CM15-0140436		
Date Assigned:	07/30/2015	Date of Injury:	12/03/2012
Decision Date:	08/28/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/20/2015

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 34-year-old male who sustained an industrial injury on 12/3/12. Injury occurred when he slipped on ice and landed on his back and shoulder. Past surgical history was positive for a L3/4 hemilaminectomy and discectomy at L3/4 in 2008, and re-do lumbar microdiscectomy at L3/4 and L4/5 on 8/3/14. Past medical history was positive for anxiety and depression. The 5/28/15 lumbar spine MRI impression documented an interval development of a disc extrusion at the L4/5 level likely compressing upon the left L5 nerve root. There was a disc protrusion at the L5/S1 level abutting upon the right S1 nerve root. Findings documented a left hemilaminectomy at the L4/5 level. The 6/9/15 treating physician report cited grade 7/10 low back pain with worsening left sided radicular pain. He was barely able to walk due to pain. The injured worker reported several episodes of fecal incontinence. Physical exam documented markedly antalgic gait, 4 to 4+/5 iliopsoas and leg extension weakness, positive left straight leg raise, trace ankle reflex, and diminished sensation over the lateral left thigh. Imaging showed a very large extruded disc herniation at L4/5 with inferior migration down the pedicle of L5, causing nearly 50% displacement of the thecal sac on the left and clearly effacing the exiting left L5 nerve root. The treating physician report reported that this was his third re-herniation and conventional wisdom states that he was heading for an instrumented fusion. Authorization was requested for posterior redo of left L4/5 microdiscectomy and instrumented fusion. The 6/19/15 utilization review modified the request for posterior redo of left L4/5 microdiscectomy and instrumented fusion to a left L4/5 microdiscectomy only. There was no imaging evidence of segmental instability or reasonable expectation for post decompression iatrogenic instability to support the medically necessary of fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posterior redo of left L4-5 microdiscectomy and instrumented fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Surgical Discectomy/Laminectomy.

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

Decision rationale: The California MTUS recommend surgical consideration when there is severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise. Guidelines require clear clinical, imaging and electrophysiologic evidence of a lesion that has been shown to benefit both in the short-term and long-term from surgical repair. The California MTUS guidelines indicate that lumbar spinal fusion may be considered for patient with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis. The guidelines recommend that clinicians consider referral for psychological screening to improve surgical outcomes. The Official Disability Guidelines recommend criteria for lumbar discectomy 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 segmental instability (objectively demonstrable) including excessive motion, as in isthmic or degenerative spondylolisthesis, surgically induced segmental instability and mechanical intervertebral collapse of the motion segment and advanced degenerative changes after surgical discectomy. Guidelines state that after failure of two discectomies on the same disc, fusion may be an option at the time of the third discectomy. 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. (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) Smoking cessation 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 not been met. This injured worker presents with worsening low back pain and radiculopathy. Clinical exam findings are consistent with imaging evidence of recurrent disc extrusion with nerve root compression. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. The 6/19/15 utilization review modified the request for posterior redo of left L4/5 microdiscectomy and instrumented fusion to a left L4/5 microdiscectomy only as there was no radiographic evidence of spinal segmental instability. The treating physician has opined the medical necessity of fusion as this is his 3rd

disc herniation surgery, however this is only the 2nd surgery at the L4/5 level. Additionally, there are potential psychological issues documented with no evidence of a psychosocial screen. Therefore, this request is not medically necessary.