

Case Number:	CM15-0141869		
Date Assigned:	07/31/2015	Date of Injury:	03/11/2008
Decision Date:	09/17/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/21/2015

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 44-year-old female who sustained an industrial injury on 3/11/08. Injury occurred when she bent over to lift a bag of trash. She underwent right L4/5 lumbar decompression on 10/10/14 with improvement in her right leg pain. However, she reported increased pain radiating into the left leg with numbness. Conservative treatment included epidural steroid injection, physical therapy, activity modification, and medications. The 3/4/15 lumbar spine MRI impression documented mild to moderate degenerative changes of the lumbar spine. Findings were most prominent at L4/5 with mild bilateral neuroforaminal stenosis and moderate central canal stenosis. There was mild disc desiccation with a 2-mm posterior broad-based protrusion at L4/5 with bilateral facet arthropathy and ligamentum flavum hypertrophy. The 6/10/15 treating physician report cited worsening low back pain radiating to both legs with numbness, tingling and weakness. She was provided a series of epidural steroid injections after surgery which worsened her pain. Functional difficulty was documented with prolonged sitting, standing, walking, activities of daily living, and sleeping. Physical exam documented lumbar spasms and tenderness, decreased lumbar range of motion, and decreased bilateral L5 dermatomal sensation. Imaging showed disc desiccation and decreased disc signals at L4/5 with decreased disc height, bilateral foraminal stenosis, and moderate central canal stenosis. She was status post lumbar decompression on the right at L4/5 which had resulted in widening of the facet which had rendered the facet unstable. Authorization was requested for transforaminal lumbar interbody fusion at the L4/5 level with posterior instrumentation and bone grafting, assistant surgeon, 3 days inpatient stay, and preoperative medical clearance. The 6/30/15

utilization review non-certified the transforaminal lumbar interbody fusion at the L4/5 level with posterior instrumentation and bone grafting and associated surgical requests as there was no evidence of instability, electrodiagnostic testing confirming radiculopathy, and minimal foraminal narrowing on the most recent MRI without any anatomic impingement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal lumbar interbody fusion at the L4-L5 level with posterior instrumentation and bone grafting: Upheld

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

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 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 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. The Official Disability Guidelines do not recommend lumbar fusion for patients with degenerative disc disease, disc herniation, spinal stenosis without degenerative spondylolisthesis or instability, or non-specific low back pain. 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. Spinal instability criteria includes lumbar inter- segmental translational 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 and/or imaging demonstrating nerve root impingement correlated with symptoms and exam findings, spine fusion to be performed at 1 or 2 levels, psychosocial screening with confounding issues addressed, and smoking cessation for at least 6 weeks prior to surgery and during the period of fusion healing. Guideline criteria have not been fully met. This injured worker presents with worsening low back pain radiating down the lower extremities with numbness and weakness. Functional difficulty is documented with activities of daily living. Clinical exam findings were consistent with imaging evidence of plausible nerve root compromise. Detailed evidence of a recent, reasonable and/or comprehensive non-operative

treatment protocol trial and failure has been submitted. However, there is no radiographic evidence of spinal segmental instability of spondylolisthesis. There is a report of facet instability but this is not documented in detail on the current imaging report. Additionally, there is no evidence of a psychosocial screen. Therefore, this request is not medically necessary.

Associated surgical service: Assistant surgeon: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Associated surgical service: In-patient stay (3 days): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Associated surgical service: Pre-op medical clearance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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