

Case Number:	CM15-0142297		
Date Assigned:	08/03/2015	Date of Injury:	06/05/2013
Decision Date:	09/17/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/22/2015

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 52-year-old male who sustained an industrial injury on 6/5/13. The mechanism of injury was not documented. He underwent a left L4/5 and L5/S1 lumbar discectomy on 11/25/13 without significant improvement. Conservative treatment included lumbar medial branch block, left lumbar radiofrequency medial branch neurotomy, and left sacroiliac joint injection. The 1/8/15 lumbar spine MRI impression documented L4/5 disc protrusion with extruded fragment with subligamentous extension in the midline and to the right. The fragment transversely measured 11.3 mm with the superior extent of the fragment 9.3 mm. There was central spinal stenosis and bilateral lateral recess stenosis present. There was L5/S1 degenerative disc disease with narrowing and circumferential annular bulge present with contact of the S1 nerve roots. There was mild bilateral neuroforaminal stenosis secondary to disc and facet hypertrophy with greater degenerative changes of the left facet. The 3/24/15 pain management report indicated that the injured worker had undergone a left L4 and L5 selective nerve root block on 2/17/15 with more than 80% relief for the first 3 to 4 weeks, but pain was returning. There was pain, numbness and tingling in the left thigh and anterolateral left leg. Physical exam documented normal gait and stance. There was mild bilateral lumbosacral muscle tenderness with ability to extend/rotate with mild discomfort. There was normal lower extremity strength and slight sensory loss in the left L5 distribution. The diagnosis included lumbar degenerative disc disease with radiculopathy, and failed back surgery syndrome. The treatment plan recommended authorization for a left L4/5 epidural steroid injection and physical therapy. The 6/23/15 neurosurgical report cited persistent and significant low back pain. He was last seen

in January and had undergone extensive interventional pain management without sustained benefit. Difficulty was reported with sitting and standing and he needed to frequently change positions. He had difficulty sleeping and was depressed. There was no physical exam documented. Imaging showed a severely degenerated disc herniations with a big extruded fragment at the L4/5 level. The treating physician opined the injured worker had significant residual pain from the degenerative herniated disc changes he had at L4/5 and L5/S1. Surgical intervention was recommended. Authorization was requested for anterior lumbar interbody fusion at L4/5 and L5/S1 with spacer allograft and plating followed by posterior lumbar fusion L4/5, L5/S1 with interspinous fixation, inpatient stay for 3 days, thoracolumbosacral orthosis (TLSO) brace, and external bone growth stimulator. The 7/13/15 utilization review non-certified the anterior lumbar interbody fusion at L4/5 and L5/S1 with spacer allograft and plating followed by posterior lumbar fusion L4/5, L5/S1 with interspinous fixation and associated surgical requests as there was no documentation of instability or documented examination findings to support the necessity of surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior lumbar interbody fusion at L4-L5 and L5-S1 with spacer allograft and plating followed by lumbar fusion L4-L5, L5-S1 with interspinous fixation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Indications for surgery.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 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 is supported for patients undergoing the third decompression at the same level. 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 persistent and significant function-limiting low back pain. There is imaging evidence of a large extruded disc fragment at the L4/5 level with bilateral lateral recess stenosis and S1 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 current documentation of radicular symptoms or current physical exam findings to correlate with imaging. There is no radiographic evidence of spinal segmental instability or spondylolisthesis. There was no discussion regarding the need for wide decompression that would create temporary intraoperative instability necessitating fusion. Additionally, this patient is reported as depressed with no evidence of a psychosocial screen. Therefore, this request is not medically necessary at this time.

Associated surgical service: 3 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.

Associated surgical service: TLSO brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM). Occupational Medical Practice Guidelines 2nd Edition. Chapter 12 Low Back Disorders. (Revised 2007) pages 138-139.

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

Associated surgical service: External bone stimulator: 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 Bone growth stimulators (BGS).

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