MAXIMUS Federal Services

Case Number:	CM15-0143408		
Date Assigned:	08/04/2015	Date of Injury:	03/01/2012
Decision Date:	09/01/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/23/2015

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 53-year-old male who sustained an industrial injury on 3/1/12. Injury occurred when he slipped on ice and fell, landing on his buttocks, left shoulder and back. The 9/21/14 lumbar spine MRI impression documented a 2 to 3 mm retrolisthesis of L2 on L3. There was a 3 mm circumferential disc bulge at L2/3 with mild bilateral neuroforaminal narrowing and mild to moderate central canal stenosis. At L3/4, there was bilateral facet hypertrophy. At L4/5, there was a 2 to 3 mm anterolisthesis of L4 on L5 with prominent bony spurring extending into the bilateral foraminal zones. There was a 4 mm circumferential disc bulge with severe left and mild right neuroforaminal narrowing, moderate central canal stenosis, and bilateral facet hypertrophy with ligamentum flavum redundancy. At L5/S1, there was posterior bony spurring extending into the bilateral foraminal zones. There was a 3 mm circumferential disc bulge with severe bilateral neuroforaminal narrowing and likely impingement of the exiting nerve roots and bilateral facet hypertrophy with ligamentum flavum redundancy. The 3/16/15 spine surgery report cited constant low back pain radiating to both legs, right greater than left, with weakness, numbness and tingling. Pain increased with bending, turning, lifting, and prolonged standing and sitting. Difficulty was reported in activities of daily living. Lumbar spine exam documented moderate loss of lumbar flexion/extension, 1+ and symmetrical deep tendon reflexes, paraspinal tenderness and spasms, bilateral sciatic notch and sciatic nerve tenderness, and facet joint tenderness at the L3, L4, and L5 levels. Sensation was decreased over the bilateral L4, L5, S1, and S2 dermatomes. There was bilateral 4/5 weakness in foot inversion, dorsiflexion, ankle extension, hip abduction, ankle eversion, hip extension and plantar flexion. The diagnosis was

severe lumbar radiculopathy, discogenic back pain. The injured worker had failed epidural steroid injections. The treatment plan recommended posterior lumbar interbody fusion (PLIF) from L4-S1. The 3/25/15 chiropractic progress report documented initiation of a trial of chiropractic treatment. The 4/15/15 treating physician report recommended an epidural steroid injection. The 6/5/15 acupuncturist reported documented on-going treatment with benefit reported. Authorization was requested on 6/16/15 for authorization of a posterior lumbar interbody fusion (PLIF) at L4/5 and L5/S1 and an electrocardiogram (EKG). The 6/23/15 utilization review non-certified the request for PLIF at L4/5 and L5/S1 as there was spinal pathology at more than 2 levels, no evidence that conservative treatment had failed, no evidence of instability, and no documentation that he had completed a psychosocial screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posterior lumbar interbody fusion L4-5, and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), low back-lumbar and thoracic (acute and chronic), fusion.

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 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 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) 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 constant low back pain radiating to both legs with numbness, tingling and weakness. Clinical exam findings are consistent with imaging evidence of plausible nerve root compression at the L4/5 and L5/S1 levels. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. There is no radiographic evidence of spinal segmental instability. There is no discussion of the need for wide decompression which would cause temporary intraoperative instability and necessitate fusion. Additionally, there is no evidence of a psychosocial screen. Therefore, this request is not medically necessary.

Associated surgical service: EKG: 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.