

Case Number:	CM15-0145201		
Date Assigned:	08/07/2015	Date of Injury:	08/27/2012
Decision Date:	09/21/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/28/2015

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 51-year-old male who sustained an industrial injury on 8/27/12, relative to cumulative trauma. Conservative treatment included physical therapy, chiropractic, epidural steroid injection, medications, and activity modification. The 1/5/15 initial treating physician report cited low back pain radiating into the left lower extremity consistent with an L5 radicular pattern. Physical exam documented mild left anterior tibialis weakness and numbness down the lateral aspect of his left foot. There was a slightly decreased left patellar reflex and a very positive straight leg raise on the left. The April 2013 MRI was reviewed and showed a very degenerative L5/S1 disc in a retrolisthetic pattern with a moderate degree of bilateral lateral recess stenosis. There was mild degeneration at L4/5 with a small central disc bulge that could be irritating the left-sided nerve root. A repeat MRI was recommended along with flexion/extension films. The 6/23/15 treating physician report cited continued grade 7/10 low back pain radiating into both lower extremities, worse on the left. Physical exam documented 4/5 anterior tibialis weakness on the left. X-rays demonstrated a 12 mm retrolisthesis at L5/S1. The injured worker had failed conservative therapy including physical therapy, epidural injections and required an anterior lumbar interbody fusion at L5/S1. The provider notes the injured worker will need a pre-operative MRI of the lumbar spine and a post-operative brace. Authorization was requested for L5/S1 ALIF (anterior lumbar interbody fusion), 3-5 day inpatient stay, pre-operative clearance, lumbar brace, and MRI of the lumbar spine without gadolinium. The 7/14/15 utilization review non-certified the L5/S1 ALIF and associated surgical requests as the objective exam evidence was not corroborated with imaging study results for the requested surgical level. The request for lumbar spine MRI without gadolinium was non-certified as there was no objective evidence of progressive neurologic dysfunction or any intervening incident which would cause significant

change in the health condition since the MRI in April 2013. The 7/14/15 treating physician report appeal letter stated that the injured worker had over 11 mm of retrolisthesis at L5/S1 which exceeds guideline criteria for instability of about 4 mm. In order to decompression the injured worker's nerve roots and help with back pain, a fusion at L5/S1 would be required due to the relative instability in that level.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 ALIF: Overturned

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

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 recommend lumbar spine fusion as an option for patients with spondylolisthesis (isthmic or degenerative) with instability, and/or symptomatic radiculopathy, and/or symptomatic spinal stenosis when there are on-going symptoms, corroborating physical findings and imaging, and after failure of non-operative treatment (unless contraindicated e.g. acute traumatic unstable fracture, dislocation, spinal cord injury) and subject to pre-surgical clinical indications below. 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 imaging 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 left lower extremity consistent with L5 radiculopathy. Clinical exam findings are consistent with imaging evidence of plausible nerve root compromise at the L5/S1 level. There was imaging evidence of an 11 mm retrolisthesis at L5/S1, which is consistent with guideline criteria for instability. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.

Associated Surgical Service: 3-5 Day Inpatient Stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 fusion is 3 days. A 3-day inpatient stay would be medically reasonable and consistent with guidelines. The current request for up to 5 days exceeds guideline recommendations without a compelling rationale to support an exception to guidelines. Therefore, this request is not medically necessary.

Associated Surgical Service: MRI of Lumbar without GAD: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic: MRIs (magnetic resonance imaging).

Decision rationale: The California MTUS guidelines state that unequivocal objective findings of specific nerve compromise on the neurologic exam are sufficient to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. The Official Disability Guidelines state the repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, and recurrent disc herniation). Guideline criteria have been met. This injured worker presents with progressive neurologic findings of significant pathology at the L5/S1 level. Prior imaging is over 2 years old with some adjacent segment disc disease also documented at L4/5 that the treating physician would like to evaluate prior to surgery. This request meets guideline criteria for repeat imaging. Therefore, this request is medically necessary.

Pre-Op Clearance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 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.

Associated Surgical Service: Lumbar Brace: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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) page(s) 138-139.

Decision rationale: The California MTUS guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The revised ACOEM Low Back Disorder guidelines do not recommend the use of lumbar supports for prevention or treatment of lower back pain. However, guidelines state that lumbar supports may be useful for specific treatment of spondylolisthesis, documented instability, or post-operative treatment. The use of a lumbar support in the post-operative period for pain control is reasonable and supported by guidelines. Therefore, this request is medically necessary.