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| Case Number: | CM15-0145795 | | |
| Date Assigned: | 08/07/2015 | Date of Injury: | 01/18/2013 |
| Decision Date: | 09/04/2015 | UR Denial Date: | 07/02/2015 |
| 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 69-year-old female who sustained an industrial injury on 1/18/13. Injury occurred when her shoe got caught on the floor and she tripped, grabbing the handrail on the wall and injury her low back and right ankle, foot, and toe. Conservative treatment included physical therapy, a home exercise program, and medication. The 10/28/14 lumbar spine MRI impression documented endplate sclerotic changes within the inferior endplate of L5 and superior endplate of S1. At L2/3, there was a 2 mm broad-based posterior disc bulge without evidence of canal or neuroforaminal narrowing. At L3/4, there was a 3-4 mm broad-based posterior disc protrusion with canal stenosis but no evidence of neuroforaminal narrowing. At L4/5, there was a 2-3 mm broad-based posterior disc protrusion and facet hypertrophy resulting in bilateral neuroforaminal narrowing and canal stenosis with bilateral exiting nerve root compromise. At L5/S1, there was a broad-based posterior disc protrusion resulting in canal stenosis and neuroforaminal narrowing with bilateral exiting nerve root compromise. The MRI flexion/extension study impression documented stable diffuse disc pathology. The 12/20/14 treating physician report documented plain x-rays of the lumbar spine with facet arthropathy at L4/5 and L5/S1 with degenerative disc disease at L5/S1 and a possible transitional level lumbar vertebra with normal L5 transverse processes. There was no motion on flexion/extension and no instability. The 5/2/15 treating physician report cited back and leg pain with neurogenic claudication. She has a diagnosis of grade 1 spondylolisthesis at L5/S1 and spinal stenosis at L3/4. Physical exam documented lumbar paraspinal muscle tenderness and spasms, 2+ and symmetrical deep tendon reflexes, decreased right L5 dermatomal sensation, and 4+/5 left extensor hallucis longus weakness. The treatment plan requested a new MRI using a closed 1.5

Tesla magnet and posterior lumbar interbody fusion at L5/S1 and laminectomy at L3/4. Authorization was requested for posterior lumbar interbody fusion at L5/S1 and laminectomy at L3/4 to decompress nerve roots. The 7/2/15 utilization review non-certified the request for posterior lumbar interbody fusion at L5/S1 and laminectomy at L3/4 as there was no evidence of segmental instability to support the medical necessity of fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posterior Lumbar Interbody Fusion at L5-S1 (sacroiliac), and Laminectomy at Lumbar L3-L4 level to decompress nerve roots: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-308.

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 (ODG) recommends laminectomy for lumbar spinal stenosis. Surgical indications include imaging evidence with concordance between radicular findings on radiologic evaluation and physical exam findings, and conservative treatment. Conservative treatment criteria include activity modification, drug therapy, and referral to physical therapy, manual therapy, psychological screening, or back school. The ODG recommend lumbar spinal fusion as an option for patients with ongoing 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) for spondylolisthesis (isthmic or degenerative) with at least one of the following: instability, and/or symptomatic radiculopathy, and/or symptomatic spinal stenosis. 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. 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 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 not been met. This injured worker presents with persistent back and leg pain with neurogenic claudication. Clinical exam findings are consistent with imaging evidence of nerve root compromise. Evidence of long-term reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. However, there is no radiographic evidence of spondylolisthesis or spinal segmental instability. There is no discussion of the need for wide decompression at the L5/S1 level that would cause temporary intra-operative instability requiring fusion. Additionally, there is no evidence of a psychosocial screening. Therefore, this request is not medically necessary at this time.