

Case Number:	CM15-0145967		
Date Assigned:	08/06/2015	Date of Injury:	03/20/2011
Decision Date:	09/22/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/27/2015

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 54-year-old female who sustained an industrial injury on 3/20/11. Injury occurred when she walked through a flooded hallway at work, slipped and fell, landing on her back. Past medical history was positive for diabetes. Social history was positive for smoking. Conservative treatment included physical therapy, medications, and epidural steroid injection, facet joint injections, and acupuncture. The 5/19/15 lumbar spine MRI impression documented congenitally short pedicles which mildly decreased the AP diameter of the spinal canal. At L1/2, facet arthropathy produced bilateral neuroforaminal narrowing. At L2/3, facet arthropathy combined with short pedicles produced spinal canal narrowing and bilateral neuroforaminal narrowing. At L3/4 and L4/5, there was broad-based disc herniation's abutting the thecal sac. Combined with short pedicles, facet and ligamentum flavum hypertrophy caused severe spinal canal, bilateral lateral recess, and neuroforaminal narrowing at both levels. At L5/S1, there was a left paracentral disc herniation abutting the S1 transiting nerve roots. Combined with short pedicles, facet and ligamentum flavum hypertrophy caused severe spinal canal, and left greater than right bilateral lateral recess, and neuroforaminal narrowing. There was a posterior annular tear/fissure. The 6/26/15 treating physician report cited continued worsening low back pain radiating down her lower extremities with tingling. MRI showed disc herniations at L3 through L5 measuring up to 3 mm. Lumbar spine exam documented restricted and painful lumbar range of motion, normal motor function and deep tendon reflexes, and negative bilateral straight leg raise. The injured worker had failed all conservative management including therapy, medications, rest, epidural injections, and facet injections. She was a surgical candidate for her

chronic low back pain, radicular symptoms, and MRI documented disc herniations. Authorization was requested for lumbar spine decompression and fusion and possible disc replacement surgery, post-operative physical therapy 2x6, brace, and post-operative medications: diclofenac XR 100 mg #60 and omeprazole 20 mg #60. The 7/9/15 utilization review non-certified the lumbar spine decompression and fusion and possible disc replacement surgery and associated surgery requests as the specific levels to be operated on were not documented, there were no physical exam findings, no indications of clinical radiculopathy, and no evidence of instability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine decompression & fusion & possible disc replacement surgery: Upheld

Claims Administrator 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 Chapter.

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 include lumbar inter-segmental translational movement of more than 4.5 mm. The ODG guidelines do not recommend artificial disc replacement. Indications for lumbar disc replacement include primary back and/or leg pain in the absence of nerve root compression with single level disease. 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 met. This injured worker presents with worsening low back pain radiating down both legs with tingling. There is imaging evidence of nerve root compromise at L5/S1, and plausibly at L3/4 and L4/5. The clinical exam documented a normal neurologic exam with no evidence of nerve root compromise. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. There is no documentation of spinal segmental instability. There is no discussion of the need for wide decompression that would create temporary intraoperative instability and necessitate fusion. The injured worker is reported as a smoker with no discussion or evidence of smoking cessation consistent with guidelines. Additionally, a psychosocial evaluation is not evidenced. The request lacks the specificity required to establish medical necessity, and guidelines do not support artificial disc replacement in multilevel disease. Therefore, this request is not medically necessary at this time.

Postoperative physical therapy 2 x 6: 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.

DME: Brace: 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.

Postoperative Meds: Diclofenac XR 100mg #60: 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.

Postoperative Meds: Omeprazole 20mg #60: 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.