

Case Number:	CM15-0146100		
Date Assigned:	08/06/2015	Date of Injury:	06/30/1999
Decision Date:	09/04/2015	UR Denial Date:	07/14/2015
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 52-year-old male who sustained an industrial injury on 6/30/99. Injury occurred relative to repetitive lifting while employed as a certified nursing assistant. The 4/29/15 lumbar spine MRI impression documented asymmetric right greater than left neuroforaminal encroachment and lateral recess narrowing at L5/S1 with mass effect upon the S1 nerve roots. There were bilateral pars defects at L5 without evidence of spondylolisthesis. The 6/10/15 neurosurgical report cited low back pain radiating down the right lower extremity laterally to the knee. He had constant paresthesias in both feet, but has diabetes. Pain is worsened by prolonged sitting or standing. The injured worker has a former recreational drug user and had been clean and sober for 2 years. He was living in a group home. Physical therapy and chiropractic have not been helpful. He had short term relief with epidural steroid injections. He was a current smoker and cessation was advised. Lumbar spine exam documented normal gait, no tenderness to palpation, good range of motion, and negative straight leg raise bilaterally. Neurologic exam documented 5/5 lower extremity strength and 2+ and symmetrical deep tendon reflexes. He had bilateral foot numbness. He was able to heel and toe walk. MRI showed moderate degenerative disc disease at L5/S1 with a disc bulge and neuroforaminal narrowing with nerve root compression and bilateral pars defect. He was a possible surgical candidate and a nerve block was recommended. A CT myelogram with flexion/extension view was possibly needed to look at the pars defect more closely. Authorization was requested for a right L5/S1 posterior oblique lumbar arthrodesis with posterolateral fusion instrumentation and associated surgical services: one thoracolumbosacral orthosis (TLSO) brace, and one bone growth stimulator. The 7/14/15

utilization review non-certified the right L5/S1 posterior oblique lumbar arthrodesis with posterolateral fusion instrumentation and associated requests as there was no documentation of neurologic abnormalities. The 7/21/15 treating physician report cited continued grade 9/10 low back pain radiating down the right leg. Pain medications reduce pain to 4/10 and allow for functional improvement. Physical exam documented antalgic posture, inability to stand up straight, 4/5 right thigh flexion and knee extension weakness, absent right Achilles reflex, and sensory loss over the right lateral calf and bottom of his foot. Imaging showed a disc herniation impinging the right S1 nerve root at L5/S1. There was a disc herniation at L4/5 with spondylolisthesis and pars defect with severe facet arthrosis. Comorbidities included obesity, diabetes, hypertension, asthma, chronic obstructive pulmonary disease, depression and anxiety. Medications were refilled and follow-up with the neurosurgeon was recommended. Authorization of surgery per the neurosurgeon was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

One right L5/S1 posterior oblique lumbar arthrodesis with posterolateral fusion instrumentation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back & Lumbar & Thoracic (Acute & Chronic): Fusion (spinal) (2015).

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. Guidelines indicate that lumbar spinal fusion may be considered for patient with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis. 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. 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 function-limiting low back pain radiating down the right leg. Clinical exam findings are consistent with imaging evidence of S1 nerve root compression. There is evidence of motor deficit, reflex change, and sensory loss. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. However, there is no current evidence of spinal segmental instability documented or full assessment of the pars defect. There is no discussion of the need for wide decompression that would create temporary intraoperative instability necessitating fusion. There are significant potential psychosocial issues identified with no evidence of psychosocial screening. The injured worker was reported to be a smoker and had been advised to quit but there was no evidence of smoking cessation consistent with guidelines. Therefore, this request is not medically necessary at this time.

Associated surgical service: one thoracolumbosacral orthosis (TLSO) 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.

Associated surgical service: one bone growth stimulator: 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.