

Case Number:	CM15-0146330		
Date Assigned:	08/07/2015	Date of Injury:	02/14/2014
Decision Date:	09/09/2015	UR Denial Date:	07/15/2015
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 39-year-old male who sustained an industrial injury on 2/14/14. Injury occurred when he pulled a box forcefully from a kneeling position with immediate pinching low back pain. Past medical history was positive for diabetes mellitus. He underwent right L5/S1 microdiscectomy on 11/23/14, and right L5/S1 hemilaminectomy, medial facetectomy and microdiscectomy on 3/25/15. The 6/16/15 lumbar spine MRI impression documented an epidural abnormality, paracentral on the right at L5/S1, encroaching upon the origin of the S1 root with mass effect upon the right S1 root in the lateral recess. This may represent residual disc versus epidural scar tissue. The 6/22/15 treating physician report cited continued low back pain radiating down both lower extremities to the big toes, left worse than right. Pain was worse with prolonged sitting, lying on his back or standing more than 15 minutes. He had saddle anesthesia with tingling to his left testicle. He had increased sweating (hyperhidrosis) in the left buttock to the knee when he had pain. Medications included Dilaudid, gabapentin, Lyrica, Fentanyl patch, and Naprosyn. The diagnosis was lumbar degenerative disc disease with bilateral neuroforaminal stenosis and recurrent L5/S1 herniated nucleus pulposus. Authorization was requested for anterior lumbar interbody fusion (ALIF) at the L5/S1 level with associated vascular surgeon. The 7/15/15 utilization review non-certified the request for ALIF at the L5/S1 level with associated vascular surgeon as there was no evidence of a psychological evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Vascular surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines: Chapter 7, Independent Medical Evaluations and Consultations and Official Disability Guidelines (ODG), Surgical assistant.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid services, Physician Fee Schedule: Assistant Surgeons, <http://www.cms.gov/apps/physician-fee-schedule/overview.aspx>.

Decision rationale: As the surgical request is not supported, this request is not medically necessary.

Anterior lumbar interbody fusion at the L5-S1 level: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Surgery- Discectomy/laminectomy.

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 lumbar spine fusion as an option for disc herniation with symptomatic radiculopathy undergoing a third decompression at the same level when there are corroborating physical findings and imaging, and after failure of non-operative treatment subject to pre-surgical clinical indications. 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 fully met. This injured worker presents with persistent lower back pain radiating down both lower extremities to the big toes. Signs and symptoms are consistent with imaging evidence of recurrent nerve root compromise at the L5/S1 level. This surgery will be the third procedure for disc herniation at this level. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. However, there is no documentation of a psychosocial evaluation consistent with guidelines. Therefore, this request is not medically necessary at this time.