

Case Number:	CM15-0148355		
Date Assigned:	08/11/2015	Date of Injury:	10/23/2012
Decision Date:	09/10/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	07/30/2015

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 35-year-old male who sustained an industrial injury on 10/23/12. The mechanism of injury was not documented. The 6/9/15 lumbar spine MRI conclusion documented multilevel spondylotic changes. At L2/3, there was a 2 mm broad-based posterior disc protrusion resulting in bilateral neuroforaminal narrowing, canal stenosis, and bilateral exiting nerve root compromise. At L3/4 and L4/5, there were 2-3 mm broad-based posterior disc protrusions resulting in bilateral neuroforaminal narrowing in conjunction with facet hypertrophy, canal stenosis, and bilateral exiting nerve root compromise. At L5/S1, there was a posterior annular tear, 3-4 mm broad-based posterior disc protrusion resulting in bilateral neuroforaminal narrowing in conjunction with facet hypertrophy, canal stenosis, and bilateral exiting nerve root compromise. The 7/7/15 treating physician report cited continued low back pain radiating into the left leg. Physical exam documented lumbar paraspinal tenderness to palpation, normal range of motion, and negative straight leg raise. Neurologic exam documented 5/5 lower extremity strength, 2+ and symmetrical deep tendon reflexes, and diminished left L5 dermatomal sensation. The diagnosis included lumbar radiculopathy. The treatment plan recommended L4/5 decompression and possible fusion. The treating physician report indicated that he anticipated instability during the planned decompression as he anticipated removing more than 50% of the facets. Authorization was requested for L4/5 decompression and fusion and post-operative physical therapy 2 times a week for 8 weeks for the lumbar spine. The 7/23/15 utilization review non-certified the request for L4/5 decompression and fusion, and associated post-op physical therapy as there was no evidence of instability or psychosocial screen, and no prior epidural steroid injection trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 decompression & fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 306, 310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Lumbar and Thoracic Chapter - Fusion (spinal).

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 California MTUS 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 recommend criteria for lumbar decompression 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. 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) Smoking cessation 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 continued low back pain radiating into the left leg. Clinical exam findings documented sensory loss in the L5 distribution. Imaging documented multilevel disc protrusions from L2/3 through

L4/5 with exiting nerve root compromise, findings were most significant at the L5/S1 where there was a large disc protrusion with annular tear and bilateral exiting nerve root compromise. The treating physician report has discussed the need for wide decompression with anticipate temporary intraoperative instability. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. There is no evidence of a psychosocial screen. There is no confirmatory electrodiagnostic testing or selective nerve root block to fully support L4/5 as the pain generator. Therefore, this request is not medically necessary.

Post-operative physical therapy 2 times a week for 8 weeks for the lumbar spine: 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.