

Case Number:	CM15-0149398		
Date Assigned:	08/12/2015	Date of Injury:	01/17/2014
Decision Date:	09/16/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/31/2015

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 33-year-old male who sustained an industrial injury on 1/17/14. Injury occurred during routine work activities as a laborer. Conservative treatment included medications, activity modifications, and physical therapy. Records documented the 2/14/14 lumbar spine MRI showed a 2-3 mm disc at the L4/5 level which did not appear to result in significant neuroforaminal exit zone compromise or spinal stenosis. At L5/S1, there was a lobulated 6-7 mm disc protrusion extending paracentral to the right of mid-line. The 5/1/15 treating physician report cited continued low back pain and right foot radiculopathy. Physical exam documented restricted and painful lumbar range of motion, positive straight leg raise on the right, mildly antalgic gait, and positive trigger points right lumbosacral region. Toe and heel walk was reported difficult due to right lower extremity motor sensory deficit along the right L5/S1 dermatomes. The treating physician reported that L5/S1 fusion, epidural steroid injection, physical therapy, percutaneous discectomy, discogram and psychological clearance had not been authorized. The diagnosis included 6-7 mm L5/S1 disc herniation with degenerative disc disease and 2-3 mm L4/5 disc herniation. Authorization was requested for L5/S1 fusion and L4/5 only laminectomy. The 7/8/15 utilization review non-certified the request for L5/S1 fusion and L4/5 only laminectomy as there was no documented significant exam or imaging findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fusion L5-S1 and L4-5 only laminectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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. 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 low back and right lower extremity radiculopathy. Clinical exam findings were consistent with L5/S1 radiculopathy. Imaging reportedly demonstrated disc herniations at the L4/5 and L5/S1 levels. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. However, there is no imaging documentation of nerve root impingement at L4/5 or L5/S1 and electrodiagnostic studies are not evidenced. There is no radiographic evidence of spinal segmental instability at L5/S1. There is no discussion of the need for wide decompression that would result in temporary intraoperative instability necessitating fusion. There is no evidence of a psychosocial screen. Therefore, this request is not medically necessary at this time.