

Case Number:	CM15-0149839		
Date Assigned:	08/13/2015	Date of Injury:	05/11/2011
Decision Date:	09/25/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	08/03/2015

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 55-year-old male who sustained an industrial injury on 5/11/11. The mechanism of injury was not documented. Past medical history was positive for diabetes and hypertension. The 12/14/13 lumbar spine MRI impression documented a 2 mm posterior and 2-3 mm anterior disc bulge at L3/4 with right exiting nerve root compromise. At L4/5, there was a 3-4 mm posterior disc bulge with annular tear and 2 mm anterior disc protrusion with bilateral exiting nerve root compromise. At L5/S1, there was a 3-4 mm posterior disc bulge with annular tear and 2 mm anterior disc protrusion with bilateral traversing and exiting nerve root compromise. The 3/30/15 agreed medical examiner report cited constant mild to severe low back pain radiating into his hip and down the posterior aspect of the thighs to under the heels. He had numbness, tingling and burning in the same distribution. He reported that his back locked up and he had bilateral intermittent toe numbness. Pain increased with bending, stooping, or sitting, standing or walking for more than 30 minutes. Lumbosacral exam documented paraspinal tenderness to palpation, limited range of motion, and positive straight leg raise. Muscle strength was 5/5 over the lower extremities and sensation was intact. Deep tendon reflexes were trace over the patella and absent over the Achilles bilaterally. Lumbosacral x-rays showed mild spondylotic change at L4/5 with no evidence of a defect in the pars interarticularis. The 2-level fusion procedure was recommended as the injured worker's lumbar condition had deteriorated significantly with more discrete radiculopathic signs and symptoms. The 7/10/15 treating physician report cited constant grade 8/10 low back pain radiating into the lower extremities. Pain was aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting, prolonged standing, and walking multiple blocks. Physical exam documented lumbar

paravertebral muscle tenderness with spasm, positive seated nerve root test, and guarded and restricted range of motion of the lumbar spine. Neurologic exam documented decreased L5 and S1 dermatomal sensation and 4/5 L5 and S1 myotomal weakness. Authorization was requested for a L4-S1 posterior lumbar interbody fusion (PLIF) with reduction of listhesis and 2-3 inpatient days, assistant surgeon, TLSO (thoracolumbosacral orthosis), front wheeled walker, and medical clearance with an internist. The 7/20/15 utilization review non-certified the L4-S1 posterior lumbar interbody fusion with reduction of listhesis and associated surgical requests as there was no imaging evidence of retrolisthesis or excessive movement on flexion or extension films to support instability.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4 to Posterior Lumbar Interbody Fusion (PLIF) with Reduction of Listhesis: 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. Spinal instability criteria includes lumbar inter- segmental translational movement of more than 4.5 mm. 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 pain radiating into the lower extremities with numbness and tingling. Clinical exam findings are consistent with imaging evidence of nerve root compression at the L4/5 and L5/S1 levels. Evidence of reasonable long-term conservative treatment has been submitted. However, there is no radiographic evidence of spinal segmental instability or spondylolisthesis. There is no discussion of the need for wide decompression that would result in temporary intraoperative instability necessitating fusion. There is no documentation of a psychosocial screen. Therefore, this request is not medically necessary at this time.

Associated Surgical Service: Inpatient Stay (2-3 days): 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: Assistant Surgeon: 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: TLSO: 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: Front Wheel Walker: 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: Medical Clearance with Internist: 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.