

Case Number:	CM15-0160702		
Date Assigned:	08/27/2015	Date of Injury:	03/07/2013
Decision Date:	09/29/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/17/2015

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 42-year-old male who sustained an industrial injury on 3/07/13. Injury occurred he slipped and fell to the ground as he came down off a truck. Conservative treatment has included chiropractic, physical therapy, medications, epidural steroid injection, activity modification, and medications. The 6/22/15 lumbar spine x-ray impression documented moderate discogenic spondylosis at T11/12 and L4-S1. There was mild degenerative facet joint arthrosis at L4-S1, and straightening of the lumbar lordosis. There was no indication of instability on the flexion/extension views. The 6/22/15 lumbar spine MRI impression documented minimal diffuse disc protrusion at L3/4 with mild central canal stenosis measuring 9 mm AP dimension, and bilateral facet joint hypertrophy. At L4/5, there was a 3-4 mm circumferential disc protrusion with a central annular fissure, moderate to severe bilateral neuroforaminal narrowing, moderate spinal canal stenosis measuring 8 mm AP dimension, and bilateral facet joint hypertrophy. At L5/S1, there was a 3-4 mm circumferential disc protrusion with moderate to severe bilateral neuroforaminal narrowing and bilateral facet joint hypertrophy. The 6/30/15 bilateral lower extremity electrodiagnostic study impression documented an absent right H-reflex that could indicate right S1 nerve root involvement, but there was no EMG evidence of an active lumbar radiculopathy. The 6/24/15 chiropractic primary treating physician report cited grade 10/10 lower back pain radiating down both legs with numbness and tingling in his feet and toes. He had difficulty walking after 15-20 minutes because his legs fatigued. The injured worker appeared to be severely depressed and cried during today's evaluation as he was under severe pain and financial hardship. A suicide attempt was noted in October 2014 that

resulted in a 72-hour hold. Physical exam documented lumbar muscle guarding and spasms, restricted range of motion, positive straight leg raise, and bilateral sciatic notch tenderness, left greater than right. Neurologic exam documented grade 4/5 left L5 myotomal weakness and sensory loss over the L5 dermatome bilaterally. A qualified medical evaluation (QME) report was referenced recommending surgery, and psychoneurologist evaluation for surgical clearance. The diagnosis included multilevel lumbar discopathy with moderate to severe neuroforaminal narrowing, moderate spinal canal narrowing L4/5 and L5/S1, right lower extremity lumbar radiculopathy, grade 1 spondylolisthesis L5/S1, and acute emotional distress. The injured worker had failed conservative treatment. The treatment plan recommended spine surgery per QME recommendation and primary treating physician follow-up in 30 days. Authorization was requested for L4 to S1 anterior and posterior lumbar fusion surgery per QME from 5/12/15 2, and primary treating physician follow-up in 30 days. The 7/20/15 psychological permanent and stationary report indicated that the patient no longer manifested any psychiatric symptoms and no additional treatment was indicated. There was no discussion of potential surgical intervention. The 7/21/15 utilization review non-certified the request for L4 to S1 anterior and posterior lumbar fusion surgery as there was no evidence of any instability and no diagnostic evidence of a verifiable radiculopathy. The request for a follow-up evaluation was non-certified as there was no indication for lumbar fusion so post-operative follow-up was not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4 to S1 anterior and posterior lumbar fusion surgery per QME from 5/12/15: 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 in both 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 severe low back pain radiating down both legs with numbness and tingling in the feet and toes. Clinical exam findings are consistent with imaging evidence of plausible L5 nerve root compromise and electrodiagnostic evidence suggestive of an S1 radiculopathy. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. However, there is no radiographic evidence of spinal segmental instability on flexion and extension x-rays. There is no discussion supporting the need for wide decompression that would result in temporary intraoperative instability and necessitate fusion. Significant psychological issues are documented with no evidence that the injured worker has been specifically cleared to proceed with fusion surgery. Therefore, this request is not medically necessary at this time.

Primary treating physician follow up 30 days: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back & Lumbar & Thoracic: Office visits.

Decision rationale: The California MTUS does not specifically address office follow-up visits. The Official Disability Guidelines recommend evaluation and management office visits as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. This request is for a routine primary treating physician follow-up which is indicated given the on-going case management at this time. Therefore, this request is medically necessary.