

Case Number:	CM15-0160857		
Date Assigned:	08/27/2015	Date of Injury:	02/28/2015
Decision Date:	09/30/2015	UR Denial Date:	08/13/2015
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 29-year-old male who sustained an industrial injury on 2/28/15. The mechanism of injury was noted as a twisting injury to the back. Conservative treatment included activity modification, physical therapy and medications. The 5/27/15 lumbar spine MRI impression documented L4/5 degenerative disc disease with associated edema, mild bilateral neural foraminal stenosis, and minimal stenosis of the central canal. The 8/3/15 treating physician report cited on-going grade 8-9/10 low back pain. Pain and discomfort made simple tasks difficult. Physical exam documented that the injured worker was bent over and had difficulty standing up straight due to severe right leg pain. Transfers from the chair to standing and standing to exam table, were performed with ease and no discomfort was demonstrated. Lumbar range of motion was normal in flexion and extension. Straight leg raise was markedly positive on the right. There was 5-/5 right anterior tibialis and extensor hallucis longus weakness. Deep tendon reflexes were +2 and symmetrical over the lower extremities. There was L5 and S1 sensory hypesthesia. The diagnosis included severe mechanical low back pain secondary to disc annular tear and protrusion at L4/5 with associated radiculopathy and sensory deficits. The injured worker had failed all reasonable forms of conservative treatment and was an appropriate candidate for surgical repair given that he had single motion segment abnormality and severe mechanical pain. Authorization was requested for anterior lumbar instrumentation, interbody fusion, and intervertebral device with bone morphogenetic protein at the level of L4/5. The 8/13/15 utilization review non-certified the request for lumbar surgery as there was no detailed evidence of failed physical therapy, no imaging study evidence of lumbar instability, and no psychological evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Lumbar Instrumentation, Interbody Fusion, and Intervertebral Device with Bone Morphogenetic Protein at the Levels of L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back 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); Bone - morphogenetic protein (BMP).

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. The Official Disability Guidelines do not recommend the routine use of bone morphogenetic protein as there is no consistent medical evidence to support or refute use of bone morphogenetic protein for improving patient outcomes. Guideline criteria have not been met. This injured worker presents with severe low back pain and right leg pain. Clinical exam findings are consistent with imaging evidence of plausible nerve root compromise. Recent reasonable and/or comprehensive non-operative treatment protocol trial and failure has been reported. However, there is no radiographic evidence of spondylolisthesis or spinal segmental instability on flexion and extension x-rays. There is no discussion or imaging evidence supporting the need for wide decompression that would result in temporary intraoperative instability and necessitate fusion. There is no evidence of a psychosocial screen. Additionally, there is no rationale presented to support the use of bone morphogenetic protein for this injured worker in a single-level fusion procedure. Therefore, this request is not medically necessary at this time.