

Case Number:	CM15-0161060		
Date Assigned:	09/03/2015	Date of Injury:	12/22/2014
Decision Date:	10/08/2015	UR Denial Date:	08/04/2015
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 46-year-old male who sustained an industrial injury on 12/22/14. Injury was reported relative to cumulative trauma relative to his employment as a police officer/pilot. Past medical history was positive for hypertension. Conservative treatment had included activity modification, physical therapy, TENS unit trial, medications including oral steroids, home exercise and traction, and lumbar epidural steroid injections. The 1/7/15 lumbar spine MRI impression documented progression of degenerative disc and facet disease most notable at L5/S1 with severe left and moderate right neuroforaminal narrowing. There was also evidence of an annular tear at L5/S1. The 2/18/15 treating physician report cited grade 8/10 low back pain radiating down the posterior aspect of the left lower extremity to the foot. Lower extremity exam documented 4-/5 ankle dorsiflexion and knee flexion weakness, 1+ reflexes throughout, negative straight leg raise, and antalgic gait. X-rays showed L5 on S1 spondylosis with Modic 1 changes. He had L5/S1 left foraminal stenosis with transitional anatomy. He had a herniated nucleus pulposus on the left at L5/S1. The treatment plan recommended decompression and microdiscectomy. The 6/11/15 medical legal report cited low back pain radiating down both legs to the feet, greater on the left, with numbness and tingling. Pain increased with coughing, sneezing, bending, twisting, turning, and prolonged standing, walking, sitting, and driving. Functional difficulty was noted in activities of daily living. Physical exam documented normal gait, paravertebral muscle tenderness and spasms, and left sciatic notch tenderness. He was able to heel and toe walk with pain, and squat with pain. Lumbar range of motion restricted and painful. Straight leg raise was positive on the right. Lower extremity neurologic exam

documented decreased left S1 dermatomal sensation. A discussion of surgical options was documented. The 7/20/15 treating physician chart note indicated that the injured worker was seen in follow-up. Surgery had been denied. He had 3+/5 ankle dorsiflexion, which was a new neurologic deficit and worsening of his condition. He had undergone conservative treatment including physical therapy and epidural injections, which had not worked. An urgent decompression at L5/S1 was requested. If extended decompression was required and instability was detected, a stabilization procedure would be performed. Authorization was requested for decompression at L5/S1 with possible fusion and associated medical clearance. The 8/4/15 utilization review modified the request for decompression at L5/S1 with possible fusion to decompression at L5/S1 only as there was no evidence of spinal instability. The request for medical clearance was non-certified as there were no medical complications or comorbidities that would warrant medical clearance with a specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Possible fusion L5-S1: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. 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 been met. This injured worker presents with low back pain radiating down both posterior legs to the feet. Functional difficulty was noted in activities of daily living. Clinical exam findings documented a progressively worsening neurologic deficit consistent with imaging evidence of nerve root compression at the L5/S1 level. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. The treating physician has discussed the possible need for wide decompression, resulting in temporary intraoperative instability and necessitating fusion. There is no evidence of any psychological issues. Therefore, this request is medically necessary.

Associated surgical service: 1 medical clearance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999, pages 92-93.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p.

Decision rationale: The California MTUS guidelines do not provide recommendations for pre-operative medical clearance. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Middle-aged males with hypertension have known occult increased medical/cardiac risk factors. Guideline criteria have been met based on patient age, hypertension, and the risks of undergoing anesthesia. Therefore, this request is medically necessary.