

Case Number:	CM15-0165558		
Date Assigned:	09/04/2015	Date of Injury:	11/28/2012
Decision Date:	10/15/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/25/2015

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 11/28/12. Injury occurred relative to cumulative trauma with lifting heavy gear and work duties as a police officer. Past surgical history was positive for surgery at the L5/S1 level in 2001. Conservative treatment included physical therapy, chiropractic manipulation, exercise and epidural injections. The 3/23/15 lumbar spine x-ray showed moderate degenerative disc disease at the L4-5 and L5-S1 levels and moderate facet arthropathy at these levels. The 4/9/15 lumbar spine MRI impression documented moderate discopathy at L4/5 without central or significant foraminal stenosis visualized, and a small right central disc protrusion at L5/S1. At L4/5, there was moderate loss of disc height, increased since 2013, flattening of the thecal sac, facet joint hypertrophy, and mild left foraminal stenosis. At L5/S1, there was loss of disc height, small right central focal disc protrusion that appeared to contact the right S1 nerve root, and moderate right foraminal stenosis. The 4/20/15 pre-surgical psychological evaluation documented the injured worker was able to work full time in his usual and customary position and occasionally swim for exercise. He used to be a triathlon competitor and runner but was unable to compete and couldn't run much because of his back injury. The injured worker was cleared for surgery on a psychological basis. The 5/18/15 treating physician report cited continued low back pain and occasional left thigh pain. Physical exam documented normal gait, normal heel/toe walk, and negative bilateral straight leg raise. Neurologic exam documented no motor or sensory deficits. Imaging showed severe degenerative disc disease at L4/5 with an increased small right L5/S1 disc protrusion with encroachment of the S1 nerve root. Given his lack of any significant lower

extremity symptoms, localized surgery to the L4/5 level was recommended. Authorization was requested for anterior lumbar fusion L4/5 and possible posterior fusion L4/5, and inpatient stay for 2-3 days. The 7/30/15 utilization review non-certified the request for anterior lumbar fusion L4-5 and possible posterior fusion L4-5 and inpatient stay for 2-3 days as there was no documented of a progressive neurologic deficit, no imaging evidence of central or significant foraminal stenosis, and no documentation of instability to support the medical necessity of fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior lumbar fusion L4-5 and possible posterior fusion L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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, 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 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 persistent low back pain and occasional left thigh pain. There is imaging evidence of degenerative disc disease at L4/5 without significant stenosis. Evidence of long-term reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Psychological clearance is noted. However, clinical exam findings do not evidence neural compression or instability. 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. Therefore, this request is not medically necessary at this time.

Inpatient days 2-3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter Low Back.

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: Hospital length of stay (LOS).

Decision rationale: Since the primary procedure is not medically necessary, this request is not medically necessary.