

Case Number:	CM15-0180760		
Date Assigned:	09/22/2015	Date of Injury:	09/25/2013
Decision Date:	10/26/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/14/2015

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 66-year-old female who sustained an industrial injury on 9/24/13, relative to a slip and fall. Past medical history was positive for hypertension and asthma. The 3/24/15 second opinion spinal surgery report cited worsening low back pain radiating into both calves, and increased with lifting, bending, and prolonged sitting or standing. She had been off work since May 2014. Conservative treatment had included physical therapy and medications. Physical exam documented positive bilateral straight leg raise, bilateral anterior tibialis weakness greater on the right, normal sensation, and unobtainable deep tendon reflexes. Imaging showed L4/5 bilateral facet arthropathy, ligamentum flavum thickening with moderate central stenosis, and grade 1 spondylolisthesis. At L5/S1, there was moderately severe bilateral facet arthropathy with mild central stenosis. There was bilateral foraminal stenosis at L4/5 and left foraminal stenosis at L5/S1. The consultant recommended bilateral decompression at L4/5 and left decompression at L5/S1. The 6/17/15 electrodiagnostic study impression documented electrophysiologic evidence suggestive of bilateral S1 radiculopathy. The 6/30/15 treating physician report cited persistent low back pain radiating into the bilateral lower extremities. Physical exam documented bilateral extensor hallucis longus and anterior tibialis weakness at 4/5. She had positive straight leg raises and irritation going down to the anterior and posterior aspect of her feet consisting of numbness and tingling. An updated MRI was recommended to support the continued request for lumbar decompression surgery. The 7/31/15 lumbar spine MRI impression documented congenital spinal canal stenosis, multilevel degenerative disc disease and facet arthropathy resulting in central canal narrowing worse at L4/5 and L5/S1. At L4/5,

there was a broad-based disc bulge and moderate to severe facet hypertrophy and ligamentum flavum thickening causing moderate to severe central canal narrowing. At L5/S1, there was a circumferential disc bulge and moderate to severe glenohumeral and ligamentum flavum thickening causing moderate central canal narrowing. The 8/11/15 treating physician report cited persistent low back pain radiating into the bilateral lower extremities. She had 4/5 bilateral extensor hallucis longus weakness and bilateral dorsal foot numbness. Imaging showed bilateral lateral recess stenosis at L4/5 that was very severe and left sided L5/S1 lateral recess and foraminal stenosis. The diagnosis was bilateral lumbar radiculopathy. Authorization was requested for bilateral L4/5 decompression, left L5/S1 decompression, and associated pre-op medical clearance. The 8/24/15 utilization review non-certified the requests for bilateral L4/5 and left L5/S1 decompression with pre-op medical clearance as there was no detailed evidence that conservative modalities had been adequately exhausted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-5 decompression: Overturned

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: Discectomy/Laminectomy.

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. Guideline criteria have been met. This injured worker presents with persistent and function-limiting low back pain radiating in the lower extremities, precluding return to work. Clinical exam findings are consistent with imaging evidence of bilateral lateral recess stenosis at the L4/5. Evidence of long-term reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.

Left L5-S1 decompression: Overturned

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: Discectomy/Laminectomy.

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. Guideline criteria have been met. This injured worker presents with persistent and function-limiting low back pain radiating in the lower extremities, precluding return to work. Clinical exam findings are consistent with imaging evidence of left lateral recess stenosis and electrodiagnostic evidence of S1 radiculopathy. Evidence of long-term reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.

Associated surgical services: Pre-op medical clearance: Overturned

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

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 females have known occult increased medical/cardiac risk factors. Guideline criteria have been met based on patient age, comorbidities of hypertension and asthma, and the risks of undergoing anesthesia. Therefore, this request is medically necessary.