

Case Number:	CM15-0181458		
Date Assigned:	09/22/2015	Date of Injury:	04/15/2014
Decision Date:	10/27/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/15/2015

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 38-year-old male who sustained an industrial injury on 4/15/14. Injury occurred when he was getting out of a parked car with a pulling and twisting injury to the low back and left leg. Past medical history was positive for mild depression and a previous industrial injury to the low back. The 8/19/14 left lower extremity EMG/NCV study evidenced moderate to severe left S1 radiculopathy. Conservative treatment included anti-inflammatory medications, physical therapy, chiropractic, acupuncture, activity modification, and home exercise program. He had been off work since 11/18/14. The 6/23/15 lumbar spine MRI impression documented mild disc height loss at the L5/S1 level. There was a central to left lateral recess disc protrusion abutting the transiting left S1 nerve root. There was no evidence of any central or neuroforaminal stenosis. The 8/5/15 spine surgery report cited persistent low back pain radiating to the left leg. Physical exam documented normal lumbar range of motion with no tenderness to palpation. There was 4/5 left big toe dorsiflexion weakness and diminished left L5 dermatomal sensation. There were +2 and symmetrical deep tendon reflexes with negative Achilles clonus. Straight leg raise tests were negative. The diagnosis was left L5 radiculopathy. The treating physician reported that the injured worker was undergoing a decompression and a fusion would only be necessary if iatrogenic instability required re-stabilization with a fusion. Since the indication for fusion was not for axial back pain, a psychological screen was not necessary. Appeal was requested for requested for lumbar decompression and fusion at the L5/S1 level. The 8/19/15 utilization review non-certified the request for L5/S1 decompression and fusion as there was no evidence of spondylolisthesis, instability, unstable fracture, dislocation, acute spinal cord injury, infection, Scheuermann's kyphosis, or tumor in the referenced diagnostic studies and no evidence of a psychological screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar decompression and fusion at L5-S1 levels: 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, 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 not been fully met. This injured worker presents with persistent low back pain radiating to the left leg. Clinical exam findings are consistent with imaging and electrodiagnostic evidence of S1 nerve root compression on the left. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. There is discussion that fusion may be required for iatrogenic instability. However, there is no radiographic evidence of spondylolisthesis or spinal segmental instability on flexion and extension x-rays. There is no imaging evidence supporting the need for wide decompression that would result in temporary intraoperative instability and necessitate fusion. There is past medical history findings of depression with potential psychological issues and no evidence of a psychosocial screen. Therefore, this request is not medically necessary at this time.

