

Case Number:	CM15-0185407		
Date Assigned:	09/25/2015	Date of Injury:	06/06/2015
Decision Date:	12/01/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/21/2015

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: Minnesota, Florida

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:

The injured worker is a 59 year old male, who sustained an industrial injury on 06-06-2015. The injured worker is currently able to work with modifications. Medical records indicated that the injured worker is undergoing treatment for lumbar disc herniation with radiculopathy and low back pain. Treatment and diagnostics to date has included epidural steroid injection ("no relief after epidural steroid injection") and medications. Recent medications have included Ibuprofen and Cyclobenzaprine. Subjective data (08-20-2015 and 08-24-2015), included continued right lower extremity pain. Objective findings (08-20-2015) included right lower extremity pain in the L4-5 distribution, decreased right quadriceps reflex, "some" weakness in dorsiflexion of right great toe and right ankle, and positive Hoffman's on the left and (08-24-2015) antalgic gait. The treating physician stated that "MRI shows right foraminal stenosis as well as right L4-5 subarticular stenosis". The Utilization Review with a decision date of 08-28-2015 non-certified the request for lumbar fusion with Allograft and plate-L4-5 far lateral and central decompression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Fusion with allograft and plate, L4-L5, far lateral and central decompression:

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 rationale: MRI scan of the lumbar spine dated 6/8/2015 is noted. The impression was as follows: No evidence of acute fracture. Severe foraminal stenosis at L4-5 bilaterally deep to a broad-based disc protrusion and facet hypertrophy. An MRI scan of the cervical spine also dated 6/8/2015 revealed severe spinal stenosis at C4-5 and C5-6 with bilateral foraminal stenosis and nerve root compression and indentation of the spinal cord but without cord signal changes. There was a persistent lateral disc herniation at C6-7 with foraminal stenosis and exiting nerve root compression. The findings were unchanged from the previous study of December 2014. The current request is for a lumbar fusion with allograft and plate L4-5 far lateral and central decompression. An x-ray of the lumbar spine dated 8/5/2015 revealed mild loss of disc height at the lower thoracic spine and T12-L1 and L1-2 levels. Mild retrolisthesis of L1 on L2. Mild endplate sclerosis was present at L1-L2 disc space. The flexion-extension films were not obtained and so there is no documented evidence of instability. The progress notes dated 8/20/2015 indicate the low back and right lower extremity pain. On examination, there was decreased right quadriceps reflex and some weakness of dorsiflexion of the right great toe and right ankle. There was also some left arm weakness and left hand clumsiness. There was a positive Hoffmann on the left. There was weakness of the left deltoid and biceps with mild left biceps atrophy. The biceps reflex was absent on the left. The provider discussed surgery for the lumbar as well as cervical spine. The California MTUS guidelines indicate surgical consultation for severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise, activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms, clear clinical, imaging and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair, and failure of conservative treatment to resolve disabling radicular symptoms. A spinal fusion is indicated in patients with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis. There is no scientific evidence about the long-term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis compared with the natural history, placebo, or conservative treatment. There is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem in the absence of spinal fracture, dislocation or spondylolisthesis if there is instability and motion in the segment operated on. The documentation provided does not indicate any spondylolisthesis or instability at L4-5. Furthermore, there is no documentation of an epidural steroid injection for diagnostic/therapeutic reasons. There is no EMG documenting L5 radiculopathy. In the absence of degenerative spondylolisthesis with instability, fracture, dislocation, complications of tumor, or infection, the guidelines do not recommend a spinal fusion and as such, the request for a lumbar fusion with allograft and plate at L4-5 with central and far lateral decompression is not supported. The request is not medically necessary.