

Case Number:	CM15-0191520		
Date Assigned:	10/27/2015	Date of Injury:	06/25/2014
Decision Date:	12/08/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/29/2015

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 48-year-old male who sustained an industrial injury on 6/25/14. Injury was reported relative to carrying cases of wine. The 1/26/15 lumbar spine MRI impression documented neuroforaminal stenosis at L5/S1 with right lateral recess stenosis and prominent right paracentral and subarticular zone disc protrusion up to 7.5 mm. At L4/5, there was a central disc protrusion superimposed on a dep with a far right lateral 6 mm disc protrusion with displacement of the exiting L4 nerve, neuroforaminal stenosis and lateral recess stenosis. The 3/30/15 electrodiagnostic study impression documented a normal EMG study and an abnormal NCV study with electrophysiological evidence of peripheral neuropathy of the bilateral saphenous sensory nerves. Conservative treatment included activity modification, medications, physical therapy, and chiropractic. He underwent L5/S1 epidural steroid injection on 7/20/15. The 8/4/15 spine surgeon report cited 5 days of pain relief following epidural injection two weeks prior, followed by recurrence of pain. Lumbar spine exam documented paraspinal tenderness to palpation, full range of motion, normal strength and reflexes, and diminished bilateral L5 dermatomal sensation. Authorization was requested for L5/S1 decompression and possible fusion is iatrogenic instability occurred during the decompression procedure given his broad and bilateral foraminal stenosis. The 8/25/15 spine surgeon report cited low back pain radiating to both thighs. The request for lumbar surgery had been denied as the S1 dermatome was not affected as would be expected. Lumbar spine exam documented paraspinal tenderness to palpation, normal range of motion, 5/5 lower extremity muscle strength, 2+ and symmetrical deep tendon reflexes, and diminished bilateral L5 dermatomal sensation. The diagnosis was

bilateral L5 radiculopathy. The treating physician reported that imaging showed severe foraminal stenosis which would compromise the L5 exiting nerve root and not the traversing S1 nerve root. Authorization was requested for L5 decompression and fusion. The 9/2/15 lumbar spine MRI impression documented lumbar muscular spasm, and mild to moderate spondylosis at L1 through S1. There were multilevel 2 to 3 mm disc protrusions at L1/2, L2/3, L3/4, L4/5, and L5/S1 with indentation and impingement on the anterior thecal sacs. There was elevation and stretching of the posterior longitudinal ligament at these interspaces without significant central spinal canal, lateral recess, or neural foraminal stenosis. The 9/9/15 utilization review non-certified the request for decompression and possible fusion at L5/S1 as there were no documented significant imaging findings. The 9/24/15 lower extremity EMG/NCV report documented a normal electrodiagnostic study with no evidence of radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decompression with possible fusion at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations.

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, 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. 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. Spinal instability criteria includes lumbar inter-segmental translational movement of more than 4.5 mm. 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 radiating to both thighs. Sensory deficit in the L5 distribution is

documented. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. However, current imaging documented L1-S1 disc protrusions with thecal sac impingement at all levels and no significant stenosis at any level. The current electrodiagnostic study did not evidence radiculopathy. There is no radiographic evidence of spondylolisthesis or spinal segmental instability on flexion and extension x-rays. There is discussion but no imaging evidence supporting the need for wide decompression that would result in temporary intraoperative instability and necessitate fusion. Additionally, there is no evidence of a psychosocial screen. Therefore, this request is not medically necessary.