

Case Number:	CM15-0204102		
Date Assigned:	10/20/2015	Date of Injury:	12/01/2014
Decision Date:	12/03/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/16/2015

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 43-year-old male who sustained an industrial injury on 12/1/14. Injury occurred while he was working as a driver and pulled a wheelchair with onset of sharp right sided low back pain. Past medical history and surgical history were negative. Social history documented no tobacco use. The 2/10/15 lumbar spine MRI impression documented 1-2 mm broad-based posterior disc protrusions at L1/2 and L2/3 without evidence of canal stenosis or neuroforaminal narrowing. At L3/4 and L4/5, there was bilateral neuroforaminal narrowing secondary to 2-3 mm broad-based posterior disc protrusion and facet joint hypertrophy. Bilateral exiting nerve root compromise was seen at both levels. The 8/27/15 lumbar provocative discography at L3/4, L4/5, and L5/S1 was reported positive for L3/4 discogenic pain syndrome, and negative of discogenic syndrome at the L4/5 and L5/S1 levels. The impression documented marked degenerative disc disease at L3/4 with strongly positive concordant discogenic pain syndrome. The 9/18/15 treating physician report cited daily severe back pain. Physical exam documented lumbar paraspinal muscle spasms and tenderness. Neurologic exam documented normal deep tendon reflexes, muscle strength, and negative straight leg raise. A discogram on 8/27/15 was reported strongly positive at L3/4 reproducing concordant pain radiating down both lower extremities with negative controls at L4/5 and L5/S1. The diagnosis was internal disc disruption at L3/4. The injured worker had reached maximum benefit from conservative non-operative treatments and surgery was recommended. Authorization was requested for anterior lumbar interbody fusion (ALIF) at L3/4, assistant surgeon, and 3-day hospital stay. The 10/7/15 utilization review non-certified the ALIF and associated post-operative services as detailed conservative treatment trial and failure was not documented, no social history was provided, and the imaging findings, other than the discogram, were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Anterior lumbar interbody fusion at L3-4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (acute & chronic).

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 met. This injured worker presents with daily severe and function-limiting low back pain. Imaging findings did document significant L3/4 and L4/5 bilateral nerve root compromise at L3/4. Clinical exam findings did not demonstrate evidence of nerve root compromise. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. 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. There is no evidence of a psychosocial screen. Therefore, this request is not medically necessary.

Assistant surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (acute & chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid services, Physician Fee Schedule: Assistant Surgeons, <http://www.cms.gov/apps/physician-fee-schedule/overview.aspx>.

Decision rationale: As the surgical request is not supported, this request is not medically necessary.

Associated surgical services: 3 Day hospital stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, (LOS) Length of stay.

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: As the surgical request is not supported, this request is not medically necessary.