

Case Number:	CM15-0209778		
Date Assigned:	10/29/2015	Date of Injury:	02/15/2015
Decision Date:	12/18/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/23/2015

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 38 year old male, who sustained an industrial injury on 2-15-2015. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar radiculopathy. On 9-23-2015, the injured worker reported low back pain radiating into the right leg with minimal improvement despite anti-inflammatories and physical therapy, rated 6 out of 10. The Primary Treating Physician's report dated 9-23-2015, noted the injured worker used medication as needed for pain. The physical examination was noted to show tenderness to palpation over the paraspinal musculature with sensation diminished over the right L5 dermatome and negative straight leg raise. The Physician noted a lumbar MRI showed L5-S1 disc extrusion with caudal sequestration. Prior treatments have included chiropractic treatments, musculoligamentous injections at L4, L5, and S1, and Ibuprofen. The treatment plan was noted to include recommendation for an L5 to S1 decompression and fusion with removal of more than 50% of the facets in order to adequately remove, and a prescription for omeprazole for gastritis from chronic anti-inflammatory use. The injured worker's work status was noted to be able to return to work with restrictions or if not accomplished temporarily totally disabled. The request for authorization was noted to have requested Omeprazole and a decompression and fusion (lumbosacral) L5-S1. The Utilization Review (UR) dated 10-5-2015, noted non-certified the request for Omeprazole and a decompression and fusion (lumbosacral) L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decompression and fusion, (lumbosacral) L5-S1: Upheld

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

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

Decision rationale: The injured worker is a 38-year-old male with a date of injury of 2/15/2015. The current request is for L5-S1 decompression and fusion and omeprazole. Per treating physicians appeal request for spine surgery authorization a history and physical is submitted. The history does not indicate the subjective complaints. Examination findings included tenderness to palpation over the paraspinal lumbar musculature, normal lordosis, normal range of motion and absence of tenderness to palpation over the spinous processes. Range of motion and strength of the lower extremities was normal. Sensation was diminished over the right L5 dermatome. Deep tendon reflexes were 2+ bilaterally. Straight leg raising was negative. There was no clonus. The provider is reporting half year of physical therapy and anti-inflammatories. Therefore, there has been failure of conservative treatment. A prior examination of 9/23/2015 is submitted with subjective complaints of low back pain radiating into the right leg. The documentation does not indicate if the leg pain is below the knee. Paresthesias are not reported. Straight leg raising was again negative. On examination, sensation was diminished over the right L5 dermatome. Motor strength was normal. Deep tendon reflexes were 2+ in both lower extremities. The provider commented on the MRI scan as showing L5-S1 disc extrusion with caudal sequestration. He explained that this will require removal of more than 50% of the facet in order to adequately remove the disc which would entail a fusion. An MRI scan of the lumbar spine dated 3/16/2015 has been submitted. The impression was "mild disc and facet disease is noted as above. Mild spinal canal narrowing noted at L3-4. Mild neural foraminal narrowing noted from L3-4 through L5-S1." A detailed description of the L5-S1 level is as follows: "At L5-S1 there is minimal annular prominence of 1-2 mm extending to the epidural fat only. There is no effect on the thecal sac or central nerve roots. Bilateral facet hypertrophy noted contributing to mild foraminal encroachment." An orthopedic evaluation of April 9, 2015 revealed back pain radiating into the right knee at times. On examination, flexion of the lumbar spine was 50 and extension 20. Right lateral flexion was 20 and left lateral flexion also 20. There was tenderness to palpation in the right paraspinal region. Straight leg raising was negative. Sensation was intact and motor neurologic examination was negative. Deep tendon reflexes were symmetric. The provider suggested physical therapy 2 times per week for 4 weeks. The orthopedic examination of May 7, 2015 indicated that the injured worker was treated with 6 chiropractic treatments and continued to complain of pain. Physical therapy was not documented. On examination straight leg raising was negative. Range of motion was similar to the previous exam. Neurologic examination was negative. The provider reviewed the MRI scan and stated "I do not believe surgery will be in his best interest. I am going to recommend transfer of his care to PM&R/Pain Management." California MTUS guidelines recommend surgical considerations 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 and 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. In this case, severe lower leg symptoms have not been documented. Straight leg raising has been negative on multiple examinations. Other orthopedic examinations did not find any neurologic deficit. There is no electrodiagnostic study documenting the presence of radiculopathy or The MRI does not show a clear imaging evidence of nerve root compression or a lesion that would entail removal of half of the facet. If there is another MRI scan since March 2015, it has not been submitted. With regard to the request for a lumbosacral fusion, the guidelines necessitate presence of instability which has not been documented. There is nothing on the MRI scan that would necessitate the creation of iatrogenic instability. In fact, based upon a review of the medical records provided, the injured worker fails to meet the criteria for a lumbar discectomy and fusion. As such, the request for lumbar decompression and fusion at L5- S1 is not supported and not medically necessary.

Omeprazole: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: With regard to the request for omeprazole, a review of the medical records does not indicate any upper gastrointestinal symptoms. According to California MTUS chronic pain medical treatment guidelines, the injured worker is not at risk for gastrointestinal events. As such, a proton pump inhibitor such as omeprazole is not medically necessary.