MAXIMUS Federal Services

Case Number:	CM15-0020897		
Date Assigned:	02/10/2015	Date of Injury:	04/22/2013
Decision Date:	03/27/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/03/2015

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:

The injured worker is a 40-year-old male with an industrial injury dated 4/22/13. Records documented persistent low back and lower extremity pain. The 1/21/14 electrodiagnostic study documented active left L5 denervation. The 6/17/14 lumbar spine MRI impression documented degenerative grade 1 anterior listhesis of L5 on S1. There was a broad-based disc protrusion at L4/5 abutting the thecal sac with bilateral facet and ligamentum flavum hypertrophy. At L5/S1, there was focal central disc protrusion indenting the thecal sac with bilateral facet and ligamentum flavum hypertrophy. The spinal canal, bilateral lateral recess and bilateral neural foramen were patent at L4/5 and L5/S1, with the transiting and exiting nerve roots noted as unremarkable. The 8/20/14 lumbar CT scan impression documented minimal spondylotic change. There were posterior disc bulges at L3/4 and L4/5 and a 4 mm central disc protrusion noted at L5/S1. There was no evidence of canal stenosis or neuroforaminal narrowing at those levels. The 8/26/14 neurosurgical report cited low back pain radiating into the legs. Pain was associated with weakness. Functional difficulty was noted in simple activities of daily living and prolonged standing and walking. Physical exam documented straightening of the lumbar lordosis, slow altered gait pattern, paravertebral muscle tenderness, 25% reduction in lumbar range of motion, and positive seated straight leg raise. Neurologic exam documented decreased anterior tibialis and extensor hallucis longus strength (side not specified) and intact sensation. The diagnosis was herniated nucleus pulposus at L5/S1 with lumbar radiculopathy confirmed by EMG. The treatment plan recommended L5/S1 laminectomy, foraminotomy, and microdiscectomy. The injured worker had failed conservative treatment including rest,

medications, home exercise program, physical therapy, and epidural steroid injections. A pre-op EMG was requested. The 1/5/15 treating chiropractor report cited persistent back pain radiating down the right lower extremity. The impression noted L5/S1 spondylolisthesis. The treatment plan recommended review of motion x-ray films by the neurosurgeon prior to probable surgery. There were no updated neurosurgical records in the available records. On 01/14/2015, Utilization Review non-certified a request for lumbar spine surgery, noting the lack of current documentation and findings. The MTUS ACOEM and ODG Guidelines were cited. On 02/03/2015, the injured worker submitted an application for IMR for review of surgery to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): pages 305-307. Decision based on Non-MTUS Citation 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 and laminectomy 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. Guidelines require all of the following conservative treatments: activity modification for at least 2 months, drug therapy, and referral for physical medicine (physical therapy, manual therapy). Guideline criteria have not been fully met. The patient presents with low back pain radiating into the legs. The most recent neurologic exam was 8/26/14 with weakness noted in an L5 distribution, but the side was not specified. Previous EMG findings documented active left L5 denervation and MRI findings noted disc protrusion with indentation of the thecal sac at the L5/S1 level, but no evidence of nerve root impingement. Conservative treatment including rest, medications, home exercise program, physical therapy, and epidural steroid injections had failed to provide sustained benefit. There is no current documentation from the neurosurgeon regarding assessment of updated EMG findings or x-rays relative to spondylolisthesis. The request under consideration is non-specific which does not allow for medical necessity to be established. Therefore, this request is not medically necessary at this time.