

Case Number:	CM15-0212699		
Date Assigned:	11/03/2015	Date of Injury:	12/21/2012
Decision Date:	12/15/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	10/28/2015

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 40-year-old male who sustained an industrial injury on 12/21/12. The mechanism of injury was not documented. He underwent L4/5 microdiscectomy on 12/16/13. Conservative treatment had included medications, TENS unit, trigger point injection, lumbar epidural steroid injection, physical therapy, home exercise program, activity modification, and medications. The 7/31/15 neurosurgical report cited persistent low back pain following the 12/16/13 surgery. He had undergone extensive physical therapy and epidural steroid injection without sustained improvement. Pain was worsened by any kind of movement or prolonged sitting. Physical exam documented 3/5 left dorsiflexion weakness. MRI demonstrated disc desiccation and narrowing with reactive bone marrow changes at the L4/5 level but there did not appear to be any persistent recurrent disc herniation. The diagnosis was degenerative disc disease. It would be reasonable for the injured worker to undergo an L4/5 fusion. Additional conservative treatment was recommended to include a retry of physical therapy, weight loss, exercise, and L4/5 rhizotomy prior to fusion. The 9/30/15 lumbar spine x-ray impression documented degenerative discopathy L5/S1 with facet arthropathy at L4/5 and L5/S1, and 3 mm anterolisthesis L5/S1 with instability on flexion-extension. Authorization was requested by the neurosurgeon on 10/8/15 for L4-S1 redo decompression and L4-S1 fusion. The 10/9/15 pain management report cited complaints of low back ache, rated grade 5/10 pain with medications and 8/10 pain without. His activity level had increased and quality of sleep was fair. Current medications included ibuprofen, Zanaflex, and Norco. The 10/31/14 repeat MRI documented a mild disc bulge at L5/S1 and degenerative disc disease. Physical exam documented slow

antalgic gait, restricted and painful range of motion, positive bilateral lumbar facet loading, and positive straight leg raise. There was 5-/5 left extensor hallucis longus weakness, 4/5 bilateral dorsiflexion weakness, and 5-5 right knee extensor weakness. The left patellar reflex was decreased. There was decreased sensation over the left anterior thigh and lateral and medial foot. The neurosurgeon had recommended a one level fusion at L4/5 with x-rays showing clear instability at L4/5. The treatment plan recommended continued medications and surgical authorization was reported pending. The 10/16/15 utilization review non-certified the request for L4-S1 redo decompression and L4-S1 fusion. The rationale for non-certification was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery L4-S1 redo decompression and L4-S1 fusion: Upheld

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

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, with relative angular motion greater than 15 degrees L1-2 through L3-4, 20 degrees L4-5, 25 degrees L5-S1. 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 back pain following a prior microdiscectomy at L4/5. Clinical exam findings were consistent with plausible nerve root compromise but there was no documented imaging evidence of neural compression. A formal MRI report was not available in the medical records. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial, as recommended by the neurosurgeon and failure has not been submitted. There is radiographic evidence of a 3 mm spondylolisthesis at L5/S1 with instability noted on flexion and extension x-rays, however this does not appear to meet guideline criteria of translational instability of more than 4.5 mm. 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 at this time.