

Case Number:	CM15-0212770		
Date Assigned:	11/02/2015	Date of Injury:	06/07/2013
Decision Date:	12/15/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/29/2015

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 29-year-old male who sustained an industrial injury on 6/17/13. Injury occurred while he was sorting through a pallet of boxed mirrors weighing 40 pounds each. This activity involved repetitive bending, lifting, and twisting. He reported a pop in the low back with onset of sharp low back pain. The 8/30/13 lumbar spine MRI impression documented lumbar spondylosis at the L4/5 and L5/S1 disc. At L5/S1, there was a 5 mm posterior disc protrusion extending laterally into the left L5/S1 neural foramen causing severe narrowing. At L4/5, there was marked disc space narrowing with a 2.5 mm posterior disc osteophyte complex. Records documented that the injured worker developed left lower extremity radicular pain which was relieved by a left transforaminal epidural steroid injection in April 2014. The 7/7/14 repeat lumbar spine MRI impression documented congenitally hypoplastic disc at L4/5, and mild spinal stenosis at L3/4 due to congenitally short pedicles. There was mild arthritis of the lower lumbar facets and the right L4/5 and L5/S1 facets might be slightly dysplastic. There was mild epidural lipomatosis at L5/S1. There was mild to moderate left L5/S1 foraminal stenosis and mild L4/5 foraminal stenosis. Findings documented the spinal cord was normal in course, caliber and signal intensity. There was no evidence of listhesis or instability. The 7/7/14 lower extremity EMG/NCV study documented no evidence of lumbosacral radiculopathy, plexopathy, or peripheral nerve entrapment. Conservative treatment included epidural steroid injections, activity modification, physical therapy, and medications with limited benefit. The 9/17/15 neurosurgical report cited 6-9/10 low back pain radiating occasionally to both hips. Pain was constant and not relieved by Dilaudid or any other therapy and he periodically goes to the emergency room for

urgent relief. Pain was increased by prolonged stand or sitting, and disturbed his sleep. He was not working. Physical exam documented abnormally brisk lower extremity deep tendon reflexes, severe guarding in the left hip flexors, true bilateral 4/5 leg extensor weakness, and intact sensation. MRI showed L4/5 congenital disc dysplasia and L5/S1 disc herniation with osteophytes, complicated by facet arthropathy at both levels. Dynamic imaging of the lateral lumbar spine was obtained and showed clear evidence of the posterior rim of L4/5 impinging more deeply on L5 in extension (and the injured worker noticed increased pain in this position). There was also 3-4 mm of retrolisthesis of L5 on S1 in extension. He suffered from annular tears radiographically, but fusion was recommended due to confirmed instability at L4/5 and L5/S1. Pain was concordantly increased with lumbar extension. Although he had a paucity of radicular symptoms, literature clearly supported fusion in this setting. Authorization was requested for L4/5 and L5/S1 interbody grafting and internal fixation and associated pre-operative evaluation. The 9/21/15 pain management report documented a Beck Depression Inventory II score as 19, consistent with mild depression. The screening indicated that the injured worker did not require immediate/additional psychiatric intervention. The 10/9/15 utilization review denied the L4/5 and L5/S1 interbody grafting and internal fixation and pre-operative evaluation as the injured worker was suffering from back pain and degenerative disc disease for which the guidelines do not recommend surgery. The 10/15/15 neurosurgical report cited constant grade 6-7/10 pain increased to 8-9/10 on occasion. He denied lower extremity pain, numbness or weakness. Pain was not relieved by conservative treatment, including medications. Physical exam was unchanged from 9/17/15. The radiologist had confirmed dynamic x-ray findings (as outlined above). Surgery was again recommended to include L4/5 and L5/S1 interbody grafting and internal fixation.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 and L5-S1 interbody grafting and internal fixation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Fusion (spinal).

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 decompression 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 constant and function limiting low back pain. Clinical exam findings are consistent with imaging evidence of plausible nerve root compromise. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. There is radiographic evidence of spondylolisthesis at L5/S1 and reported translational instability that was less than guideline criteria of 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. Additionally, potential psychological issues are documented with no evidence of a psychosocial screen for surgery. Therefore, this request is not medically necessary at this time.

Associated surgical services: Preoperative evaluation: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.