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| Case Number: | CM15-0216808 | | |
| Date Assigned: | 11/06/2015 | Date of Injury: | 02/07/2012 |
| Decision Date: | 12/18/2015 | UR Denial Date: | 10/22/2015 |
| Priority: | Standard | Application Received: | 11/03/2015 |

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:

This injured worker is a 42-year-old male who sustained an industrial injury on 2/7/12. Injury occurred when he was unloading containers with 50-55 pound sacks of rice and mango cans, and he slipped but did not fall. Past medical history included depression, headaches, hypertension, and sleep disturbance. Conservative treatment had included oral medications, chiropractic, physical therapy, home exercise program, activity modification, epidural steroid injection, and functional restoration program. The 7/24/15 lumbar spine MRI impression documented L5/S1 disc degeneration with central and right foraminal disc protrusions and degenerative spurring. There was mild to moderate foraminal stenosis with abutment of the exiting right L5 nerve root, and mild to moderate lateral recess stenosis. At L4/5, there was mild to moderate foraminal stenosis with mild central canal stenosis. The 10/14/15 treating physician report cited grade 6-9/10 persistent low back pain radiating up into the mid-back and down into the lower extremities with intermittent cramping. Prolonged walking or standing worsened the pain. Surgery had been recommended by another physician and denied multiple times. Current medications included Relafen, Norflex, Pantoprazole, Docusate, Gabapentin, Lexapro, Viagra, and Buprenorphine. Physical exam documented limited lumbar flexion and extension, intact sensation, lumbar spasms and guarding, and positive straight leg raise bilaterally. Lower extremity motor strength was 5/5. Authorization was requested for anterior decompression and fusion surgery at L5/S1. The 10/22/15 utilization review non-certified the request for anterior decompression and fusion at L5/S1 as the injured worker did not have neurologic deficits in dermatomal or myotomal pattern that would establish objective evidence of lumbar radiculopathy, and there was no

instability on flexion/extension films. The 10/29/15 treating physician appeal letter cited current severe persistent low back pain radiating into both lower extremities with intermittent cramping in the back and legs. Pain was worse with prolonged walking or standing, and better with rest and medications. He reported that he experienced urinary incontinence when his pain was more severe. He experienced falls due to weakness. Medications reduced his pain by 30% and provided him the functional benefit of increased tolerance for walking and standing. Physical exam documented antalgic gait, guarded and restricted lumbar range of motion, lumbar spasms, and positive straight leg raise. Neurologic exam documented 3+/5 bilateral gluteus medius weakness, 1+ and symmetrical lower extremity deep tendon reflexes, and decreased right lower extremity sensation. Imaging findings of foraminal stenosis at L4/5 and L5/S1 and narrowing of the central canal and left S1 lateral recesses are concordant with the radicular findings on physical exam. He had failed comprehensive conservative treatment. He opined that the evidence of spondylolisthesis and instability were not the only criteria for lumbar fusion. The AANS/NASS guidelines recommend lumbar fusion as a treatment for carefully selected patients with disabling low back pain due to 1 to 2-level degenerative disc disease after failure of appropriate conservative treatment as in this case. Surgery was again requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior decompression and fusion surgery at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar and Thoracic (Online Version) 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 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. 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 and function-limiting low back pain radiating into the bilateral lower extremities. Clinical exam findings are consistent with imaging evidence of nerve root compromise at the L5/S1 level. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. However, 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. Potential psychological issues are documented with no evidence of a psychosocial screen. Therefore, this request is not medically necessary.