

Case Number:	CM15-0217608		
Date Assigned:	11/19/2015	Date of Injury:	04/22/2013
Decision Date:	12/30/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	11/04/2015

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 31-year-old male who sustained an industrial injury on 4/22/13. Injury occurred while he was working as a laborer and lifted a block of cement. The 4/14/15 medical legal exam documented complaints of low back pain and some left leg and heel pain. Significant functional difficulty was documented that precluded his ability to return to work. Neurologic exam documented sensory loss over the left leg and thigh. Depression was noted. Conservative treatment included medications, activity modification, physical therapy, exercise, and epidural steroid injection without sustained relief. Depression was documented. The 6/23/15 lumbar spine MRI impression documented mild lumbar spondylosis, minimally progressive at L1/2. There was mild foraminal narrowing at L4/5 and L5/S1 without definitive nerve root impingement. At L4/5, there was a mild disc bulge, central annular fissure and minimal facet osteoarthritis. There was mild canal, left lateral recess and bilateral foraminal narrowing, similar to the 8/1/13 study. At L5/S1, there was minimal retrolisthesis and mild disc osteophyte complex with mild bilateral neuroforaminal, worse on the left, and similar to prior study. The 10/19/15 treating physician report cited worsening grade 6/10 low back pain. He had increased pain since the discograms with bending and sitting. He did not have any significant leg pain, numbness or tingling. Physical exam documented 5/5 lower extremity strength, symmetrical reflexes, and normal sensation. He had a normal gait and was able to heel, toe, and tandem walk. Lumbar discogram was positive at L4/5 and L5/S1. Conservative treatment had included physical therapy, epidural steroid injection, and medication management. Pain reportedly decreased his activities of daily living. Authorization was requested for a minimally invasive transforaminal lumbar interbody

fusion at L4/5 and L5/S1, and posterior spinal fusion with instrumentation at L4/5 and L5/S1. The 10/22/15 utilization review non-certified the request for minimally invasive transforaminal lumbar interbody fusion at L4/5 and L5/S1, and posterior spinal fusion with instrumentation at L4/5 and L5/S1 as there was no imaging evidence of instability, no significant leg pain, numbness, tingling or weakness, and no physical impairment noted on exam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Minimally invasive trans lumbar fusion at L4-5, L5-S1 and posterior spinal fusion with instrumentation at L4/5, L5/S1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127 Official Disability Guidelines (ODG), Low Back Section, 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 in both 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 worsening low back pain with no current report of significant leg pain. Functional difficulty was reported with bending and sitting. Clinical exam findings did not evidence a focal neurologic deficit. A positive discogram was reported at

L4/5 and L5/S1. 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 significant 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.