

Case Number:	CM15-0219738		
Date Assigned:	11/12/2015	Date of Injury:	06/15/2005
Decision Date:	12/24/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	11/09/2015

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 53-year-old male who sustained an industrial injury on 6/15/05. Injury occurred while he was working as a firefighter and transversing a fallen log with a large chainsaw over his right shoulder. He slipped and fell into a hole adjacent to the tree. The 3/9/15 lumbar spine MRI impression documented severe central canal stenosis at L3/4, bilateral lateral recess narrowing, and severe facet arthritic changes with bilateral facet effusions. Findings documented near complete effacement of the CSF signal surrounding the nerve roots. The AP canal diameter at C3/4 was narrowed to 4 to 5 mm. There was stable mild canal stenosis at L2/3 with right lateral recess narrowing that was unchanged. The 9/11/15 lumbar spine x-rays demonstrated grade 1 anterolisthesis of L3 on L4 with moderate multilevel degenerative disc disease and facet arthropathy. There were no flexion/extension views taken. The 9/11/15 spine surgery report cited a 10-year history of back pain with left greater than right leg pain. He had been working full time as a firefighter without limitations at work but complained of tremendous pain walking even short distances. He reported intermittent giving way to his legs and numbness with walking. Conservative treatment included physical therapy, epidural injections, medications, and exercise. He was using gabapentin for pain with some relief. Physical exam documented normal range of motion, strength, reflexes, and sensation. Imaging showed severe stenosis at L3/4 with moderate facet arthropathy. There was evidence of mild spondylolisthesis on static films. The spine surgeon recommended consideration of a limited decompression at L2/3 and L3/4, and recommended dynamic imaging with flexion/extension to evaluate the role of fusion. Authorization was requested for a transforaminal lumbar interbody fusion (TLIF) of L3/4 with instrumentation, iliac crest bone graft, and allograft and an associated 2-day inpatient

stay. The 10/19/15 utilization review non-certified the request for TLIF at L3/4 with instrumentation, iliac crest bone graft, and allograft and the associated 2-day inpatient stay as there were no neurologic exam findings or EMG reports to correlate with MRI findings, and no flexion/extension x-rays showing spinal instability. The 10/15/15 treating physician appeal report stated that the injured worker had been treated for over 10 years with documented clinical findings supporting left lumbar neuropathy at the L3-L5 region. He had been seen by at least 10 physicians of various specialties, none of whom had dissuaded him from the eventual consideration of definitive surgical attention. There had been an abundant and thorough documentation of the objective limitations in the lumbar spine. He had undergone approximately 10 lumbar epidural steroid injection procedures that had provided 50-90% pain reduction, each for a period of 4 to 10 months. Imaging studies have showed progressive deterioration of the affected region. The most recent showed 2 mm anterolisthesis of the affected region, severe canal stenosis, and near complete effacement of the nerve roots. His symptoms included the same focal pain, weakness, numbness and anatomic pattern of presentation over the years. Temporizing measures have provided less and less lasting relief. Appeal for surgery was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal lumbar interbody fusion L3-L4 with instrumentation, ICBG (iliac crest bone graft) and allograft x1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section on Low Back (updated 1/30/12).

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 worsening back and lower extremity pain, greater on the left. He reported intermittent giving way of the leg and numbness when walking. There was imaging evidence of nerve root compression at the L3/4 level and radiographic evidence of a grade 1 anterolisthesis of L3 on L4. Clinical exam findings were reported as consistent with imaging. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. There are no psychological issues documented with evidence of on-going psychosocial evaluation by the pain management physician. There is radiographic evidence of 2mm spondylolisthesis of L3 on L4/5, but there is no documentation of flexion/extension films showing spinal segmental instability. There is no discussion supporting the need for wide decompression that would result in temporary intraoperative instability and necessitate fusion. The medical necessity of decompressive surgery is supported but the medical necessity of fusion is not established based on guideline criteria and the available records. Therefore, this request is not medically necessary.

Associated surgical services: 2 day in-patient stay: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar, Thoracic: Hospital length of stay (LOS).

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