

Case Number:	CM15-0031244		
Date Assigned:	03/30/2015	Date of Injury:	06/20/2014
Decision Date:	05/06/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/19/2015

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:

The injured worker is a 36-year-old male who sustained an industrial injury on 6/20/14. Injury was reported relative to going up and down a ladder. The 6/20/14 lumbar spine MRI impression documented L5/S1 left foraminal disc extrusion compressing the exiting left L5 nerve roots causing severe left foraminal narrowing. He underwent left L5/S1 extraforaminal discectomy on 7/24/14. He had continued pain and radiculopathy despite post-operative conservative treatment with activity modification, physical therapy and medications. The 10/14/14 lumbar spine MRI impression documented status post foraminotomy on the left at L5/S1 with no evidence of neural impingement. The right foramen were unremarkable. There was early degenerative disease at L4/5. The 11/25/14 treating physician report cited low back pain and severe left pain and numbness. Difficulty in standing erect was noted due to back pain, with his trunk forward flexed 10 degrees in standing posture. Physical exam documented severe lumbosacral junction tenderness with moderate spasms and minimal range of motion in all planes due to pain. There was decreased left L5 dermatomal sensation, positive straight leg raise on the left, symmetrical reflexes, and 4/5 anterior tibialis, extensor hallucis longus, and extensor digitorum longus strength. The diagnosis was mechanical back pain and postlaminectomy syndrome. The treatment plan noted residual L5/S1 stenosis and failure of all non-operative management. Authorization was requested for L5/S1 anterior decompression with interbody fusion. The 1/20/15 utilization review non-certified the request for L5/S1 anterior decompression with interbody fusion. The rationale stated that there was no neural impingement documented on the

formal MRI report, no evidence of spinal segmental instability, and no evidence of attempted epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior decompression L5-S1 with interbody fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back i½ Lumbar & Thoracic, Discectomy/Laminectomy, Fusion (spinal).

Decision rationale: The California MTUS guidelines recommend lumbar discectomy for carefully selected patients with nerve root compression due to lumbar disc prolapse. MTUS guidelines indicate that lumbar spinal fusion may be considered for patient with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis. Guidelines state there is no good evidence that spinal fusion alone was effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there was instability and motion in the segment operated on. Before referral for surgery, consideration of referral for psychological screening is recommended 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. Fusion is recommended for objectively demonstrable segmental instability, such as excessive motion with degenerative spondylolisthesis. Pre-operative clinical surgical indications require completion of all physical therapy and manual therapy interventions, x-rays demonstrating spinal instability, spine pathology limited to 2 levels, and psychosocial screening with confounding issues addressed. Guideline criteria have not been met. This injured worker presents status post left L5/S1 discectomy for disc extrusion with persistent pain and radiculopathy. Signs/symptoms and clinical exam findings are consistent with L5 radiculopathy. However, there is no imaging evidence of L5 neural impingement, disc pathology, or lateral recess stenosis. There is no radiographic evidence suggestive of spinal segmental instability or the need for wide decompression that would result in temporary intraoperative instability. There is evidence of post-op physical therapy and medication, but no epidural steroid injection trial. There is no evidence of psychosocial evaluation. Therefore, this request is not medically necessary.