

Case Number:	CM15-0040952		
Date Assigned:	03/11/2015	Date of Injury:	01/25/2006
Decision Date:	05/05/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	03/04/2015

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:

The injured worker is a 57-year-old male with a date of injury of 1/25/06. Injury occurred while unloading tape containers for destruction. Past surgical history was positive for initial anterior cervical discectomy and fusion (ACDF) C5/6 and redo for fusion failure on 6/16/08, and ACDF C6/7 on 5/4/12. Prior L4/5 and L5/S1 surgery was noted but not detailed. The 1/6/14 lumbosacral x-rays with flexion/extension views showed left L5/S1 lateral recess compression with retrolisthesis L3/4 and L4/5, and disc collapse L5/S1. The 1/10/15 lumbar spine MRI showed post-op changes at L4/5 and L5/S1 with multilevel central and neuroforaminal stenosis due to herniated nucleus pulposus and facet arthropathy. The 6/27/14 through 10/27/14 progress reports documented continued complaints of low back and bilateral radiating leg pain all the way down with walking limit less than one block. The injured worker was diagnosed with penile cancer and was undergoing surgical treatment. The 1/29/15 treating physician report cited low back and bilateral anterior thigh pain radiating to the knee, localized to the mid-lumbar L3/4 type level. Walking was limited to less than 1 block. Physical exam documented moderate loss of range of motion, 4+/5 bilateral quadriceps weakness, and absent patellar and Achilles reflexes. MRI showed bilateral foraminal stenosis at L4/5 and L5/S1 with disc degeneration more advanced at L5/S1 and central canal stenosis at L3/4. Symptoms appeared to be fluctuating between a lower lumbar radiculopathy and a mid-lumbar radiculopathy. His claudication problem was still severe. In view of failure of conservative treatment, surgery was recommended to include bilateral L3/4, L4/5, and L5/S1 laminectomy, complete facetectomy and fusion with pedicle screws, interbody cages and auto/allograft. The 2/5/15 utilization review non-certified

the request for bilateral L3/4, L4/5, and L5/S1 laminectomy, complete facetectomy and fusion with pedicle screws, interbody cages and auto/allograft based on an absence of detailed conservative treatment failure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3-4, L4-5 and L5-S1 laminectomy, complete facetectomy and fusion with pedicle screws, inerbody cages and Auto/Allograf: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

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 Lumbar & Thoracic, Discectomy/Laminectomy, Fusion (spinal).

Decision rationale: The California MTUS guidelines indicate that lumbar spinal fusion may be considered for patients with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis. The Official Disability Guidelines recommend criteria for lumbar laminectomy 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. In general, the ODG support spinal fusion for patients undergoing decompression surgery when surgically induced segmental instability is anticipated. 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 patient presents with low back and bilateral lower extremity pain consistent with an L3/4 distribution with historic variance noted to include lower lumbar levels. Clinical exam findings were consistent with imaging evidence of plausible L4-S1 nerve root compression. However, detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Psychosocial screening is not evidenced. Therefore, this request is not medically necessary at this time.