

Case Number:	CM15-0045353		
Date Assigned:	04/14/2015	Date of Injury:	03/19/2012
Decision Date:	05/12/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/10/2015

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 28-year-old male who sustained an industrial injury on 03/19/12. Injury occurred relative to repetitive lifting of crates filled with carrots. He underwent left L4/5 and L5/S1 laminotomy and discectomy on 7/20/12. Post-operative conservative treatment included physical therapy, acupuncture, aquatic therapy, and epidural steroid injection. The 11/26/14 spinal consult report cited constant grade 6/10 low back pain radiating down both legs alternately, with intermittent numbness and tingling in the legs. Pain was worsened with bending and prolonged walking, and improved by sitting and lying down. He was working modified duty with current lifting and walking restrictions. Physical exam documented height 5'11", weight 330 pounds, slow and guarded gait, and ability to walk on his toes and heels without deficits. Range of motion was limited in all planes with severe pain in extension and lateral flexion. There was midline lumbosacral tenderness, and decreased light touch sensation in the left lateral calf. Motor strength and reflexes were within normal limits. X-rays were obtained and demonstrated moderate to advanced loss of disc height at L4/5 and L5/S1 with left laminotomy defects. There was no evidence of spondylosis or spondylolisthesis. The diagnosis included degenerative disc with recurrent disc protrusion L4/5 and degenerative disc disease/post discectomy syndrome L4/5 and L5/S1. Conservative treatment option would include weight loss, anti-inflammatory and analgesic medications, and independent exercise program. The surgical option would include re-do laminotomy/laminectomy and discectomy L4/5 and L5/S1 and posterior lumbar interbody fusion cages L4/5 and L5/S1 and posterolateral fusion with instrumentation L4/5 and L5/S1. His body habitus represented a significant challenge with the surgery. The injured worker desired to

pursue surgery. An updated MRI was requested. The 2/16/15 treating physician report stated that the injured worker had mechanical low back pain with no radiating leg pain or numbness. The source of his symptoms includes advanced degenerative changes of the L4/5 and L5/S1 disc with residual central disc protrusions without stenosis. A previous discectomy failed to resolve his symptoms, and re-do discectomy without fusion would not resolve his symptoms. The 2/17/15 utilization review non-certified the request for re-do laminotomy/laminectomy and discectomy L4/5 and L5/S1 and posterior lumbar interbody fusion cages L4/5 and L5/S1 and posterolateral fusion with instrumentation L4/5 and L5/S1. The rationale for non-certification stated that there was no imaging evidence of significant disc herniation correlated with the side and level of symptoms, and body mass index was 45, which was a high risk for poor surgical results. The 2/23/15 lumbar spine MRI documented disc desiccation and mild disc height loss at L4/5 and L5/S1. At L4/5, there was mild irregular disc bulge in a symmetric dorsally to the left with osteophytes, which has decreased since the last study with improved central canal patency. There was no significant central canal stenosis and mild left neuroforaminal stenosis. At L5/S1, there was mild disc bulge with superimposed broad central/left paracentral disc protrusion that measures up to 0.4 cm. There was mild narrowing of the bilateral lateral recesses.

IMR ISSUES, DECISIONS AND RATIONALES

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

Re-do laminotomy/laminectomy and discectomy L4-L5, L5-S1 and posterior lumbar interbody fusion cages L4-L5 and L5-S1 and posterolateral fusion with instrumentation L4-L5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 1/2 Lumbar & Thoracic, Discectomy/Laminectomy, Fusion (spinal).

Decision rationale: The California MTUS guidelines recommend lumbar discectomy/laminectomy/laminotomy for carefully selected patients with nerve root compression. 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 discectomy/laminotomy 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 with mechanical low back pain with no radiating leg pain or numbness. There were no motor deficits, reflex changes, or positive nerve tension signs on clinical exam to correlate with imaging evidence of L4/5 and L5/S1 degenerative disc disease. The surgeon opined the need for weight loss given the surgical difficulty given large body habitus. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. A psychosocial evaluation is not evidenced. Therefore, this request is not medically necessary.