

Case Number:	CM15-0045650		
Date Assigned:	03/18/2015	Date of Injury:	08/31/2012
Decision Date:	05/05/2015	UR Denial Date:	03/10/2015
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 50-year-old female who sustained an industrial injury on 8/31/12. Injury occurred while she was throwing a trash bag into the back of a dumpster, and she felt something pinching in the back. Past medical history was positive for diabetes mellitus. She underwent posterior left L5/S1 microdiscectomy and foraminotomy on 11/19/14. Records indicated initial positive surgical response with improved left leg pain and paresthesias. Post-operative treatment included pain medications. The 1/20/15 treating physician report cited complaints of left leg numbness and pain. Clinical findings were consistent with residual left S1 radiculopathy and an MRI was ordered. The 2/7/15 lumbar spine MRI conclusion documented left hemilaminectomy at L5/S1 since the prior study with recurrent or residual disc protrusion or scarring effacing the left subarticular recess. There was effacement of the fat around the left S1 nerve root and concern for left S1 nerve impingement. She underwent a left L5/S1 transforaminal epidural steroid injection on 2/20/15. The 2/23/15 treating physician report cited moderate to severe back and left leg pain, with occasional giving out of the left leg. Physical exam documented moderate tenderness to palpation over the mid-lumbar spine, positive left straight leg raise at 45 degrees, diminished sensation in the bottom of the left foot, absent left ankle reflex, and left plantar flexion strength 4/5. MRI showed recurrent disc herniation on the left causing left subarticular recess stenosis and compression against the left L5 and S1 nerve roots. The diagnosis was continued L5/S1 radiculopathy on the left with recurrent disc herniation at L5/S1. The injured worker was deemed a surgical candidate for redo discectomy and facetectomy at L5/S1 on the left, which would create intraoperative instability requiring fusion. The 3/10/15 utilization

review non-certified the request for left L5/S1 TLIF as there was no accepted indication for fusion in this case, no evidence of segmental instability, and no indication that decompression would create instability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Lumbar Interbody Fusion at Left L5-S1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

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: 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. Guidelines state there was 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 (ODG) state that spinal fusion is not recommended for patients who have less than six months of failed recommended conservative care unless there is objectively demonstrated severe structural instability and/or acute or progressive neurologic dysfunction. Fusion is recommended for objectively demonstrable segmental instability, such as excessive motion with degenerative spondylolisthesis. Fusion may be supported for surgically induced segmental instability. 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 been met. This patient presented with a recurrent disc herniation 3 months' status post microdiscectomy and foraminotomy. Clinical exam findings are consistent with imaging evidence of nerve root impingement. The treating physician opined the need for facetectomy that would create temporary intraoperative instability requiring fusion. A reasonable and comprehensive non-operative treatment protocol trial and failure has been submitted. Psychosocial issues are not apparent. Therefore, this request is medically necessary.

Associated Surgical Service: Aspen LSO Brace: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Sine the primary procedure is medically necessary, the associated service is medically necessary.