

Case Number:	CM15-0049569		
Date Assigned:	04/03/2015	Date of Injury:	02/22/2014
Decision Date:	05/11/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/16/2015

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 55-year-old female who sustained an industrial injury on 2/22/14. Injury was reported due to cumulative trauma in her employment as a machine operator. The 1/14/15 lumbar spine MRI documented L4/5 posterior annular tear and 1-2 mm broad-based posterior disc protrusion resulting in bilateral neuroforaminal narrowing and facet joint hypertrophy. There was canal stenosis and bilateral exiting nerve root compromise. At L5/S1, there was a posterior annular tear and 2-3 mm broad-based posterior disc protrusion resulting in bilateral neuroforaminal narrowing and facet joint hypertrophy. There was canal stenosis and bilateral exiting nerve root compromise. The 2/26/15 treating physician report cited neck pain radiating to both upper extremities and low back pain radiating to both lower extremities. She reported that back pain was worse and had minimally improved with anti-inflammatories and physical therapy. An epidural steroid injection gave her temporary relief for a few days. Pain was rated 8/10. Lumbar spine exam documented paraspinal tenderness, mild loss of flexion, diminished bilateral L5 dermatomal sensation, symmetrical deep tendon reflexes, and negative straight leg raise. Imaging showed L4 through S1 protrusions with annular tear, causing bilateral neuroforaminal narrowing with canal stenosis, and bilateral exiting nerve root compromise. The diagnosis was cervical and lumbar radiculopathy. The injured worker had failed anti-inflammatories and physical therapy for more than 6 months and had temporary relief with epidural steroid injection. She had a neurologic deficit concordant with imaging findings. The treatment plan recommended L4 through S1 decompression and possible fusion. The treating physician stated that removal of more than 50% of the facets may be needed and a fusion may be

indicated. The 3/3/15 utilization review non-certified the appeal request for L4 through S1 decompression and possible fusion. The rationale for non-certification was based on limited clinical exam findings with only L5 dermatomal numbness and the necessity for fusion was highly unlikely.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-S1 Decompression and Possible Fusion: 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 - 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. Before referral for surgery, consideration of referral for psychological screening is recommended to improve surgical outcomes. The Official Disability Guidelines recommend criteria for lumbar 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 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 not been met. This injured worker presents with complaints of function-limiting low back and bilateral lower extremity pain. There is imaging evidence of plausible nerve root compression. However, clinical exam findings do not evidence significant nerve root compression. There is no imaging evidence of spinal segmental instability. The potential need for wide decompression was reported by the treating physician. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. There is no evidence of psychological clearance for surgery. Therefore, this request is not medically necessary.