MAXIMUS Federal Services

Case Number:	CM15-0052319		
Date Assigned:	03/25/2015	Date of Injury:	04/27/2012
Decision Date:	05/12/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/19/2015

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 26-year-old female who sustained an industrial injury on 4/27/12. Injury occurred while she was working as a caregiver and lifted a 200-pound client. She reported acute onset of lower back pain. Conservative treatment had included medications, work restrictions, physical therapy, and epidural steroid injection. The 2/18/15 pain management report cited on-going grade 5/10 low back pain aggravated with bending, twisting and turning. Pain was manageable on her current medication regime. She had a very successful lumbar epidural steroid injection on 8/20/14 provided at least 50% pain relief for 4 months with improved functional mobility and activity tolerance. Physical exam documented lumbar tenderness to palpation and muscle rigidity and numerous trigger points. Lumbar range of motion was mildly limited. Neurologic exam documented decrease right Achilles reflex, decreased right L5/S1 sensation, and global 4-4+/5 right lower extremity strength. Straight leg raise was positive at 60 degrees on the right. The 3/5/14 lumbar spine MRI findings were reported to include a 4-5 mm right paracentral disc protrusion at L4/5 that displaced and compressed the traversing right nerve root, and 3-4 mm disc protrusions at L4/5 and L5/S1 with some mid-line central stenosis. The 5/2/14 bilateral lower extremity electrodiagnostic findings were reported consistent with moderately acute right L5 radiculopathy. The treatment plan recommended authorization for orthopedic spine surgeon consult and continued medications. The 2/20/15 initial orthopedic exam cited grade 6/10 low back pain radiating to the right leg with minimal improvement despite anti-inflammatories, physical therapy, and epidural steroid injection. Physical exam documented paraspinal tenderness, normal range of motion, 5/5 lower extremity strength, symmetrical and 2+

deep tendon reflexes, decreased right L4 dermatomal sensation, and negative straight leg raise tests. Imaging showed L3 to L5 disc protrusions. The diagnosis was lumbar radiculopathy. The treatment plan recommended L3 to L5 decompression and possible fusion. The 3/9/15 utilization review non-certified the request for L3-L5 decompression and possible fusion based on an absence of imaging evidence of significant compressive pathology at L3/4 and L4/5, and no evidence of spinal segmental instability to support the medical necessity of fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

OP SX L3-L5 decompression and possible fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

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 ï¿½ Lumbar & Thoracic, Discectomy/Laminectomy, Fusion (spinal).

Decision rationale: The California MTUS guidelines recommend lumbar decompression 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. 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 with on-going low back pain radiating to the right leg. Functional benefit and pain reduction are reported with the current medication regime and with recent epidural steroid injection. The current neurologic exam findings are not significantly positive. There are no imaging reports available in the provided records to evidence significant and exam correlated nerve root compression at all surgical levels or spinal segmental instability. A psychosocial screening is not evidenced. Therefore, this request is not medically necessary.