MAXIMUS Federal Services

Case Number:	CM15-0053194		
Date Assigned:	03/26/2015	Date of Injury:	09/27/2010
Decision Date:	05/12/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/20/2015

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 60-year-old male who sustained an industrial injury on 9/27/10. The mechanism of injury was not documented. Past surgical history was positive for right L4/5 microdiscectomy, L2-4 revision of fusion, removal of hardware, and T11-L4 fusion surgery on 2/25/14. He underwent right L4/5 epidural steroid injections on 7/1/14 and 9/2/14. The 11/14/14 left spine CT scan noted a levoscoliosis centered at L2/3 with compensatory dextroscoliosis at T12/L1 and L4/5. There was a 6 cm leftward subluxation of the L4/5 level with post-operative fusion changes from T11 to L5 with posterior instrumentation and rods. There was an interspinous fusion device at L5/S1 with solid fusion present from L2 to L4 and across the L5/S1 space. There was an extension of the L3 pedicle screw into the posterior aspect of the L2/3 disc space. There was a right L4 pedicle screw with the unilateral left L5 pedicle screw articulating with the ventral fixation rod. At L5/S1, there was a 6 mm grade 1 anterolisthesis with severe foraminal narrowing due to vacuum disc phenomenon and severe degenerative disc disease. There was probable impingement of the exiting L5 nerve roots. The 12/3/14 treating physician report noted right sided S1 radiculopathy with motor weakness. A selective nerve root block and microdiscectomy at L5/S1 were recommended. He underwent right L5/S1 epidural steroid injection on 1/26/15. Records documented that a right L5/S1 microdiscectomy had been certified on 1/21/15. The 2/18/15 treating physician report stated that the injured worker was status post epidural steroid injection on 1/26/15. He reported that the "shot messed me up" for two weeks. He reported constant grade 7-8/10 pain with numbness, inability to stand straight, and right lower extremity pins and needles. Physical exam documented left plantar flexion weakness and

antalgic gait. The diagnosis was thoracic pain, thoracolumbar radiculitis, and scoliosis. The treatment plan included microdiscectomy right L5/S1, extension of fusion to L5/S1, and revision of hardware to be considered. Authorization was requested for right L4/5, L5/S1 microdiscectomy and removal/revision of the hardware. The 2/26/15 utilization review non-certified the request for right L4/5, L5/S1 microdiscectomy and removal/revision of the hardware.

IMR ISSUES, DECISIONS AND RATIONALES

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

Microdecompression removal/revision of hardware, Right Lumbar L4-L5, Sacroiliac S1: Upheld

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

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 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 discectomy 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 persistent low back and lower extremity radicular symptoms despite operative and reasonable non-operative treatment. He is status post fusion from T11-L5 with current imaging evidence of probable L5 nerve root impingement. A right L5/S1 microdiscectomy has been approved. The addition of the L4/5 level and revision fusion has been requested. There is no current radiographic evidence of spinal instability at the L5/S1 level. There is no evidence of psychosocial screening. Therefore, this request is not medically necessary at this time.