

Case Number:	CM15-0054099		
Date Assigned:	03/27/2015	Date of Injury:	06/16/2014
Decision Date:	05/05/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/23/2015

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 44-year-old male who sustained an industrial injury on 6/16/14. Injury occurred while he was moving a water heater, with onset of severe low back pain radiating to the lower extremities. Past surgical history was positive for L5/S1 lumbar discectomy and laminectomy in 1984. The 6/27/14 lumbar spine MRI impression documented moderate to slightly severe degenerative disc disease L4/5 consisting of a mild broad-based disc bulge, disc space narrowing and anterior endplate bony osteophytosis, with associated facet arthropathy. There was narrowed exiting neural foramen on the right secondary to degenerative change that might result in slight compression of the right exiting nerve root. There was persistent mild to moderate degenerative disc disease L5/S1 with mild central disc protrusion causing slight narrowing over the exiting neural foramen bilaterally. The 1/30/15 treating physician report cited moderate low back pain radiating to the lower extremity, left greater than right, and lower extremity weakness. He reported the left leg occasionally gave out on him. Physical exam documented 4/5 left dorsiflexion and plantar flexion, diminished sensation left lateral shin and bottom of the left foot, and absent left ankle reflex. There was tenderness over the mid lumbar spine. MRI was significant for L4/5 moderate narrowing of the disc space and moderate broad-based disc bulge. There were moderate facet arthropathy at the L4/5 level with moderate bilateral foraminal narrowing and post-operative changes of L5/S1 laminectomy and discectomy. The diagnosis was lumbar stenosis and radiculopathy. The treatment plan recommended decompression and redo discectomy with facetectomy and foraminotomy at these levels. Total facetectomy would result in intraoperative instability and a fusion would be indicated. The

3/3/15 treating physician report cited continued low back and bilateral leg pain. Surgery had been recommended. He reported bowel and bladder urgency and difficulty holding his control. Physical exam documented minimal range of motion with increased pain and weakness with any type of flexion or extension, moderate muscle spasms, and positive bilateral straight leg raise. He ambulated with an extremely slow and guarded gait using a walker. He had to use his arms to stand from a seated position. The injured worker's condition was worsening and surgical authorization was requested. The 3/10/15 utilization review non-certified the request for transforaminal lumbar interbody fusion L4/5, discectomy L5/S1, and inpatient 3-day length of stay, assistant, and Aspen LSO lumbar brace. The rationale for non-certification based on an absence of radiographic instability and the severity of stenosis noted on MRI report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Lumbar Interbody Fusion L4-5, Discectomy L5-S1, Inpatient Stay (3-days): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 202-204, 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines.

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), Hospital length of stay (LOS).

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 but pre-operative guidelines recommend completion of all physical medicine and manual therapy interventions and psychosocial screen with all confounding issues addressed. Length of stay guidelines would support a 3-day length of stay following lumbar fusion. Guideline criteria have not been met. This patient presents with low back and bilateral lower extremity radicular pain. Significant functional difficulty is noted in ambulation and giving out of the left leg. Clinical exam findings are consistent with imaging evidence of nerve root compression at the requested levels. There are worsening neurologic signs. There is no radiographic evidence of spinal segmental instability, but the treating physician documented the need for total facetectomy that would result in temporary intraoperative instability. However, there is no documentation of a psychosocial screen. Therefore, this request is not medically necessary at this time.

Assistant: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Aspen LSO Lumbar 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.