

Case Number:	CM15-0056843		
Date Assigned:	04/01/2015	Date of Injury:	03/07/2013
Decision Date:	05/05/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	03/25/2015

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 43-year-old male who sustained a work related injury on 3/7/13. Injury occurred when his right hand slipped getting off the truck and fell on his back and buttocks. The 3/10/14 lumbar spine MRI impression documented L4/5 and L5/S1 disc desiccation with suggestion of annular fissures in the posterior aspect of the discs. There was bilateral mild hypertrophic facet joint changes at L4/5 and a broad-based posterior disc protrusion causing pressure over the anterior thecal sac and encroaching into both subarticular gutters. At L5/S1, there was retrolisthesis and L5 over S1 which combines with the disc protrusion to contact the anterior thecal sac. There was also a left paracentral posterior disc protrusion contacting the left S1 nerve root and mild narrowing in the left neural foramen. Conservative treatment had included physical therapy, chiropractic, epidural steroid injection, opioid pain medication, and anti-depressants. A psychological evaluation on 8/14/14 documented diagnoses of anxiety and depression with insomnia. Psychological treatment was recommended. The 11/12/14 pain management report indicated that the injured worker had been in rehab 2 weeks ago for an attempted suicide and was seeing a psychiatrist. The 12/8/14 neurosurgery report cited significant low back pain across the lumbosacral junction. He reported episodes of his right leg giving out. He was quite debilitated and unable to work. Lumbosacral exam documented muscle spasms, decreased range of motion by 50%, positive Lasegue's bilaterally, and positive straight leg raise on the right at 60 degrees and left at 80 degrees. There was 4/5 weakness across the L5 distribution on the right, and decreased L5 dermatomal sensation. The diagnosis was lumbar discogenic disease with stenosis at the L4/5 and L5/S1 levels, retrolisthesis at L5 and S1, and

L4/5 disc bulges with encroachment of both subarticular gutters. The injured worker was a candidate for L4 to S1 anterior and posterior lumbar fusion surgery. He had significant subarticular recess stenosis that requires wide decompression which would lead to instability requiring fusion. The 2/23/15 treating physician report cited severe low back pain radiating down both legs with numbness and tingling. Physical exam documented muscle guarding and spasms, restricted range of motion, and positive straight leg raise on the right at 60 degrees and left at 80 degrees. There was bilateral sciatic notch tenderness to palpation, left greater than right. The diagnoses included multilevel lumbar discopathy, right lower extremity radiculopathy, and grade 1 spondylolisthesis at L5/S1. The injured had failed multimodal conservative treatment, including therapy and injections. He was a candidate for L4 to S1 anterior and posterior spinal fusion. Authorization was requested for surgery and primary treating physician follow-up in 30 days after treatment. The 3/20/15 utilization review non-certified the request for L4/5 and L5/S1 anterior and posterior fusion based on no evidence of spinal segmental instability, no stenosis at the L5/S1 level, and no documentation of a psychosocial screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-S1 anterior and posterior 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 i;½ Lumbar & Thoracic, Discectomy/Laminectomy, Fusion (spinal).

Decision rationale: The California MTUS guidelines recommend lumbar decompression 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. Guidelines state there is 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 recommend criteria for lumbar decompression surgery 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. Guideline criteria have not been met. This patient presents with severe function-limiting low back pain and lower extremity radiculopathy. Clinical exam findings are consistent with imaging evidence of plausible L5 and S1 nerve root compression. Wide decompression is anticipated that will resultant in intraoperative instability. Detailed

evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. However, this patient has a significant psychiatric history, including recent hospitalization. There is no evidence of a psychological clearance for spinal surgery. Therefore, this request is not medically necessary.

Postoperative follow-up visit with primary treating physician (PTP) 30 days following physical treatment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back, Lumbar & Thoracic: Office visits.

Decision rationale: As the surgical request is not supported, this request is not medically necessary.