MAXIMUS Federal Services

Case Number:	CM15-0080107		
Date Assigned:	05/01/2015	Date of Injury:	10/28/2011
Decision Date:	06/01/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/27/2015

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 57-year-old male who sustained an industrial injury on 10/28/11. Injury occurred while he was trying to brace a load of guard rail posts on a pallet. He underwent L4/5 and L5/S1 decompression and instrumented fusion on 5/31/12. The 11/5/14 electrodiagnostic study documented findings suggestive of bilateral chronic active L5 radiculopathy, right greater than left. The 11/4/14 lumbar spine MRI impression documented previous surgery at L4/5 and L5/S1 with posterior instrumentation and interbody disc apparatus, and post-surgical changes posteriorly at L4/5. There were multilevel changes with posterior disc protrusions/extrusions at L2/3 (2 mm), L4/5 (3 mm), and L5/S1 (5-6 mm). There was an anterior disc protrusion/extrusion osteophyte complex at L2/3 (3 mm). The possibility of pars defects could not be ruled out. At L3/4, there was a 6 mm retrolisthesis and a 20% decrease in disc height. There was a 4-5 mm pseudo and/or true posterior disc protrusion/extrusion with encroachment on the traction. There was acquired canal stenosis contributed by hypertrophy of the posterior elements. There was bilateral neuroforaminal encroachment with acquired foraminal stenosis. There was compromise of the exiting nerve roots bilaterally and questionably of the traversing right nerve root. There were arthritic changes in the facet joints. There was a 5-6 mm anterior disc protrusion/extrusion/ osteophyte formation complex. There were Modic changes in the adjacent vertebral body endplates. The 3/4/15 spine surgery report cited continued complaints of low back pain radiating into the lower extremities, right greater than left. Physical exam documented intact reflexes, motor strength, and sensation in the lower extremities. Lumbar range of motion was 40% of normal. X-rays showed intact instrumentation at L4 through S1 with adjacent segment and

severe disc degeneration at L3/4 with disc osteophyte complex present. The impression was status post lumbar decompression and stabilization with adjacent segment symptoms at L3/4. Prior requests for epidural steroid injections had been significantly delayed with severe worsening and his symptoms and severe increased lower back pain. Authorization was recommended for revision lumbar decompression at L3/4 with stabilization at L3/4 given the instability, retrolisthesis, severe degenerative disc disease, disc collapse, and Modic end-plate degenerative changes. A request for authorization was submitted for physical therapy 3x6, decompression and further fusion L3/4, and Xanax 1 mg #60. The 3/26/15 treating physician report cited moderate to severe low back pain. The injured worker was reported extremely depressed and under the treatment of a psychiatrist and psychologist. He was attending physical therapy. Physical exam documented positive bilateral straight leg raise, and paralumbar tenderness. The surgeon had recommended extension of the fusion to L3/4. The diagnosis included depression, anxiety and insomnia. Xanax was prescribed for sleep. Records documented that Xanax had been non-certified since at least 11/19/14 based on an absence of guideline support for the long-term use of benzodiazepines. The 4/14/15 utilization review non-certified the request for L3/4 decompression and fusion as there was no recent report from the surgeon (most recent 7/19/13), the patient was markedly depressed with no evidence of a psychosocial evaluation, there was no clear indication of L3 or L4 radicular symptoms or objective findings, and it was not clear if there was measurable instability at L3/4. The request for physical therapy was non-certified as the associated surgery was not found medically necessary. The request for Xanax was non-certified based on no guideline support for long-term use of benzodiazepines and current depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Physical therapy 3 times a week for 6 weeks for the lumbar spine Qty: 18: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

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

Decompression and further fusion L3-4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

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 decompression surgery for lumbosacral nerve root decompression. MTUS guidelines indicate that lumbar spinal fusion may be considered for patients 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 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 fully met. This patient presents with moderate to severe lower back pain with functional limitations. There is imaging evidence of L3/4 nerve root compromise and significant spondylolisthesis. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. However, there is no documentation of signs/symptoms or clinical exam findings correlating with the L3/4 level. Electrodiagnostic evidence was consistent with an L5 radiculopathy. Additionally, there are potential psychological issues identified and under current treatment with no documentation of psychological clearance for fusion surgery. Therefore, this request is not medically necessary at this time.

Xanax 1mg tablets Qty: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The California MTUS do not recommend the use of benzodiazepines, like Xanax, for long-term use. Most guidelines limit use to 4 weeks. Chronic benzodiazepines are the treatment of choice in very few conditions. The continued use of this medication is not supported by guidelines. Records indicated that this medication has been non-certified since at least 11/19/14 based on lack for guideline support for long-term use. There is no compelling reason to support an exception to guidelines. Therefore, this request is not medically necessary.