

Case Number:	CM15-0081501		
Date Assigned:	05/04/2015	Date of Injury:	10/27/2013
Decision Date:	06/03/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/28/2015

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 an industrial injury on 10/27/13. Injury occurred when a concrete table fell on him, striking his neck and back. The 3/14/14 lumbar spine MRI impression documented multilevel lumbar degenerative disc disease with borderline central canal stenosis at L5/S1 in the setting of a transitional lumbosacral vertebral body (S1). There was a broad-based posterior disc bulge at L5/S1 with a superimposed 4 mm central disc protrusion. There was possible significant encroachment upon the descending S1 nerve roots as they entered the lateral recess, left greater than right. There was facet arthrosis and ligamentum flavum redundancy with moderate bilateral foraminal stenosis. Records documented conservative treatment to include physical therapy, medications, and activity modification. An epidural steroid injection at L5/S1 on 8/19/14 provided no relief. The 2/6/15 treating physician letter sided significant low back pain with radicular symptoms down the right leg to the bottom of the foot and great toe. He had failed all conservative management for over one and a half years. MRI demonstrated significant stenosis at L5/S1 along with degenerative disc injury. The injured worker had significant central and foraminal stenosis, as well as degenerative disc at L5/S1. This was the level of pain and also likely unstable. The injured worker had right sided weakness as he had difficulty with toe walking and standing on the right toe, suggesting an objective finding of right S1 weakness. Surgery was recommended for L5/S1 interbody fusion. The 3/20/15 treating physician letter cited severe back pain radiating to the right leg to the big toe. The injured worker had failed conservative management for one and a half years. MRI showed an L5/S1 dark disc with disc herniation and spondylolisthesis. Recent flexion/extension

films do demonstrate significant motion with exacerbation of spondylolisthesis compared flexion versus extension. At this point, L5/S1 was unstable and met all criteria for surgery. The 3/31/15 treating physician report cited continue low back pain extending top the left side with intermittent radiation down the right leg to the sole of the foot. Walking tolerance was 10 minutes and frequent position changes were required while sitting. Current medications included ibuprofen, omeprazole, Skelaxin, Cymbalta, and hydrocodone. Lumbar spine exam documented lumbar flexion 50% of normal, and extension and right lateral flexion 75% of normal. There was tenderness over the L5/S1 disc space and bilateral paraspinal muscles, right posterior superior iliac spine, right sacroiliac joint and right gluteal musculature. Sitting straight leg raise was negative bilaterally. The diagnosis included right lumbar radiculopathy secondary to L5/S1 stenosis. Medications were refilled. The 4/16/15 utilization review non-certified the request for L5/S1 Transforaminal lumbar interbody fusion with discectomy and replacement of prosthetic with pedicle screw placement and associated inpatient stay. The rationale indicated that there was no imaging evidence of a lesion known to benefit in the long and short term from interbody fusion at L5/S1, there was no support for instability or spondylolisthesis, and no indication of a psychosocial evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal interbody fusion with discectomy and replacement of prosthetic with pedicle placement at (lumbosacral) L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-328. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back chapter - Fusion (spinal).

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 for lumbosacral nerve root decompression. 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 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. Spinal instability criteria includes lumbar inter-segmental movement of more than 4.5 mm. 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 patient

presents with low back pain radiating into the right leg to the foot. Clinical exam findings are generally consistent with imaging evidence of plausible S1 nerve root encroachment. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. However, there is no objective measured documentation of spinal segmental instability consistent with guidelines. There is no discussion of potential psychological issues or evidence of psychosocial evaluation. Therefore, this request is not medically necessary.

Inpatient stay, number of days unspecified: Upheld

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

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: Hospital length of stay (LOS).

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