

Case Number:	CM15-0083878		
Date Assigned:	05/06/2015	Date of Injury:	06/09/2013
Decision Date:	06/05/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/01/2015

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 53-year-old male who sustained an industrial injury on 8/9/13. Injury occurred relative to repetitive lifting of a 50-pound object. Past medical history was positive for hypertension and hypercholesterolemia. Social history documented that the patient smoked 1½ packs of cigarettes per day. The 1/21/14 bilateral lower extremity electrodiagnostic study evidenced chronic L5 nerve root irritation on the right side. The 3/19/15 lumbar spine MRI impression documented L4/5 moderate left neuroforaminal stenosis with deformity of the exiting L4 nerve root, and multifactorial degenerative changes at L5/S1 including a left-sided synovial cyst resulting in moderate neuroforaminal stenosis that compressed the existing bilateral L5 nerve roots. There was laterally directed disease mildly effacing the exiting left L2 and bilateral L5 nerve roots and extraforaminal zones. There was edema signal within the bilateral L4 and L5 pedicles, right greater than left, likely reflecting a stress reaction. Findings documented a 3 mm undulating disc bulge at L3/4, slightly asymmetric to the left with mild facet arthropathy and ligamentum flavum redundancy. There was mild bilateral lateral recess and neuroforaminal narrowing. The 3/31/15 treating physician report cited constant grade 8/10 back and leg pain that had persisted despite extensive conservative treatment. He had difficulty with most activities of daily living. Physical exam documented a significant forward lean posture, lumbar paraspinal muscle tenderness, antalgic gait with heel/toe walking on the right, and positive straight leg raise. Neurologic exam documented 4+/5 right extensor hallucis longus weakness, decreased right L5 dermatomal sensation, patellar reflexes +1 and Achilles reflexes absent. MRI showed degenerative disc disease from L3-S1 with facet arthropathy, lateral recess and foraminal

stenosis, right greater than left. The treatment plan recommended decompression, fusion and stabilization from L3-S1 with laminectomy, nerve root decompression, posterior pedicle screw fixation from L3-S1, and transforaminal lumbar interbody fusion from L3-S1 along with posterolateral fusion using local and allograft bone and bone marrow aspirate supplement. The 4/24/15 utilization review non-certified the request for L3-S1 decompression and fusion as there was no indication of segmental instability at L3/4, L4/5, or L5/S1, or documentation of clinical correlation between progressive neurologic dysfunction, nerve root compression on imaging and segmental instability. The 4/28/15 treating physician appeal letter documented lumbar spine x-rays that showed multilevel degenerative changes at L3/4, L4/5, and L5/S1, with retrolisthesis of L3 on L4, and multilevel facet arthropathy with osteophytic formation at L3/4, L4/5, and L5/S1. The treating physician opined the injured worker would require a complete laminectomy and facetectomy to address his lateral recess and foraminal stenosis, which would create temporary intraoperative instability. Authorization was requested for decompression and fusion from L3- S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Laminectomy L3-S1, Posterior Spinal Fusion L3-S1 with Pedicle Screw Fixation, Transforaminal Lumbar Interbody Fusion with Interbody Cages L3-S1 with Interbody Cages, Bone Graft Extenders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment Workers' Comp, 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 i;½ Lumbar & Thoracic, Discectomy/Laminectomy, Fusion (spinal).

Decision rationale: The California MTUS guidelines recommend laminectomy 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 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. Fusion may be supported for surgically induced segmental instability. 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. For any potential fusion surgery, it is recommended that the patient refrain from smoking for at least 6 weeks prior to surgery and during the period of fusion

healing. Guideline criteria have not been met. This injured worker presents with low back and bilateral lower extremity pain that failed to improve despite extensive conservative treatment. Clinical exam findings correlate with imaging evidence of nerve root compression at L4/5 and L5/S1. The treating physician opined the need for wide decompression to address his lateral recess and foraminal stenosis. There is no imaging evidence of nerve root compression or spinal segmental instability at L3/4. There is no evidence of a psychosocial evaluation and clearance for surgery. Additionally, the injured worker was noted to be a smoker with no discussion of smoking cessation. Therefore, this request is not medically necessary at this time.

Hospital Stay (4-days): 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 $\frac{1}{2}$ Lumbar & Thoracic: Hospital length of stay (LOS).

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

Assistant Surgeon: 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.