

Case Number:	CM15-0086697		
Date Assigned:	05/08/2015	Date of Injury:	03/08/2015
Decision Date:	07/15/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/05/2015

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: Minnesota, Florida

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 47 year old male, who sustained an industrial injury on 03/08/2015. He has reported injury to the low back. The diagnoses have included L4-L5 and L5-S1 stenosis with left-sided disc herniation at L5-S1, as well as retrolisthesis of L4 over L5 causing low back pain radiating down to bilateral legs, left more than right. Treatment to date has included medications, diagnostics, acupuncture, chiropractic, epidural steroid injections, massage, and physical therapy. Medications have included Norco, Flexeril, Valium, and Gabapentin. A progress note from the treating physician, dated 03/18/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of low back pain radiating down to the bilateral legs, left more than right; and tingling and numbness in his feet, left more than right; and has had multiple treatments, as well as multiple epidural injections, none of which have really relieved his pain. Objective findings included an antalgic gait; decreased range of motion at the waist; sensation is intact to light touch, but is decreased in the distribution of bilateral L5 and S1 nerve roots. The treatment plan has included the request for lumbar decompression/fusion L4-S1; inpatient length of stay (days), quantity 2; medical clearance with internist including EKG, CXR, UA, Labs: CMP, CBC with differential, PT/PTT, INR, HgA1C, quantity 1; bone growth stimulator indefinite usage, quantity 1; and lumbar brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Decompression/ Fusion L4-S1: 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): 306, 307.

Decision rationale: The injured worker is a 47-year-old male with an injury date of 3/18/2015. The body part is the lower back. The injured worker has symptoms of neurogenic claudication and bilateral leg pain associated with paresthesias in both feet. He has failed nonoperative treatment. The documentation indicates severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies. An MRI scan of the lumbosacral spine dated 7/15/2014 revealed disc desiccation from L2-S1. There was a 5 mm left intraforaminal disc protrusion at L3-4 producing moderate to severe left-sided foraminal stenosis at that level. The L4-5 level showed mild retrolisthesis of L4 on L5 with a 5 mm disc protrusion and moderate bilateral facet disease causing mild to moderate right-sided neural foraminal stenosis without spinal canal or left foraminal stenosis. The L5-S1 level showed a large left lateral recess and intraforaminal disc bulge measuring up to 9 mm in diameter severely narrowing the left neural foraminal region as well as the left lateral recess region with a mass effect on the transiting left S1 nerve root. This is situated on top of the circumferential disc bulge that extends into the right intraforaminal region. There is also moderate to severe right-sided foraminal stenosis. Mild bilateral facet disease and ligamentum flavum redundancy is noted. A request for decompression and fusion from L4-S1 was initially noncertified by utilization review and then modified on appeal to include decompression from L4-S1 and fusion at L5-S1. The reason for the fusion at L5-S1 was iatrogenic instability that will result from wide decompression of the large left-sided disc herniation including the bilateral severe foraminal stenosis that would entail removal of a portion of the facets destabilizing this level. The retrolisthesis at L4-5 level is stable and fusion at this level will be avoided to prevent problems at L3-4 level which already has degenerative changes as well as foraminal stenosis. California MTUS guidelines indicate direct methods of nerve root decompression include laminotomy, standard discectomy and laminectomy. Surgical discectomy for carefully selected patients with nerve root compression due to lumbar disc prolapse provides faster relief from the acute attack than conservative management. Patients with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion. The documentation indicates iatrogenic instability will be created during the process of decompression of the large herniation at L5-S1 with associated foraminal stenosis. As such, the request for decompression at L4-S1 and fusion at L5-S1 is supported. However, the request for fusion at L4-5 is not supported in light of the degenerative change with foraminal stenosis at L3-4 that will likely worsen if the L4-5 level is fused. Furthermore, the guidelines indicate that there is no scientific evidence about the long-term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis compared with natural history, placebo, or conservative treatment. There is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment

operated on. As such, the fusion at L4-5 is not supported. In light of the foregoing the request for Lumbar decompression/ fusion L4-S1 as stated is not supported and the medical necessity of the request has not been substantiated.

Associated Surgical Services: Inpatient LOS (days) , quantity 2: 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 ODG: Section: Low Back, Topic: Hospital length of stay.

Decision rationale: Since the primary surgical request is not medically necessary, none of the associated surgical requests are medically necessary.

Associated Surgical Services: Medical Clearance w/ internist Including, EKG, CXR, UA, Labs: CMP, CBC, w/diff, PT/PTT, INR, HgA1C(DM), quantity 1: 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 ODG: Section: Low Back, Topic: Pre-operative testing, general; Pre-operative lab testing; Pre-operative electrocardiogram.

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

Associated Surgical Services: Bone growth Stimulator indefinite usage, quantity 1: 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 ODG: Section: Low Back, Topic: Bone growth stimulators.

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

Associated Surgical Services: 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 base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Low Back, Topic: Back brace, post-operative (fusion).

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