MAXIMUS Federal Services

Case Number:	CM15-0086875		
Date Assigned:	05/11/2015	Date of Injury:	02/24/2013
Decision Date:	09/22/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/06/2015

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:

This injured worker is a 49-year-old male who sustained an industrial injury on 2/24/13. The mechanism of injury was not documented. Past medical history was positive for diabetes. Conservative treatment included physical therapy, activity modification, epidural steroid injection, and medications. The 3/11/14 lumbar spine MRI revealed disc desiccation at L2/3, L3/4 and L4/5 with associated loss of disc height at these levels. There were Modic type II endplate degenerative changes at the inferior endplate of L4 and superior endplate of L5. There was diffuse disc herniation at L2/3 causing thecal sac indentation. There was a diffuse disc herniation at L4/5 causing thecal sac indentation, central canal stenosis, and bilateral neuroforaminal narrowing. The 12/04/14 lumbar spine x-rays showed straightening of the lumbar lordosis. There was restricted range of motion in flexion and extension, which may represent myospasms. There was degenerative lateral endplate osteophytes bilaterally, and degenerative anterior superior endplate osteophytes at L3-L5. The 4/14/15 pain management report cited persistent grade 6-7/10 low back pain radiating into both legs, left greater than right, with associated numbness and tingling. The injured worker was reportedly awaiting surgery. He had lumbar radiculopathy at L5 bilaterally confirmed by EMG and consistent with MRI findings showing epidural fat contributing to the neural encroachment. Neuroaxial intervention with steroids would not be offered as it could contribute to the epidural fat getting larger. Neurologic exam documented diminished right patellar reflex, decreased left L5 dermatomal sensation, and 4/5 hip flexion and knee extension weakness. The injured worker was referred to a psychologist for cognitive behavioral therapy and mindfulness as he had depression and anxiety. Surgery had

been recommended by the spine surgeon who was scheduling it. Authorization was requested for lumbar spine decompression and fusion at L3/4 and L4/5, and associated surgical service: hotel stay day prior and day of discharge. The 5/4/15 utilization review modified the request for lumbar spine decompression and fusion at L3/4 and L4/5 to lumbar spine decompression at L3/4 and L4/5 with fusion at L4/5 as there was no documentation of instability at the L3/4 to support the medical necessity of fusion. The request for a hotel stay the day before and day after the procedure was non-certified as there was no clear rationale for the medical necessity of this request. The 6/23/15 pain management report indicated that the injured worker had been scheduled for lumbar surgery but the spine surgeon had just retired. An alternate surgeon was rescheduling.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine Decompression and Fusion (L3-4, L4-5): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 recommend surgical consideration when there is severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise. Guidelines require clear clinical, imaging and electrophysiologic evidence of a lesion that has been shown to benefit in both the short term and long term from surgical repair. The guidelines recommend that clinicians consider referral for psychological screening to improve surgical outcomes. The Official Disability Guidelines recommend criteria for lumbar discectomy 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. The Official Disability Guidelines do not recommend lumbar fusion for patients with degenerative disc disease, disc herniation, spinal stenosis without degenerative spondylolisthesis or instability, or non-specific low back pain. Fusion may be supported for segmental instability (objectively demonstrable) including excessive motion, as in isthmic or degenerative spondylolisthesis, surgically induced segmental instability and mechanical intervertebral collapse of the motion segment and advanced degenerative changes after surgical discectomy. Spinal instability criteria includes lumbar inter- segmental translational 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 and/or imaging demonstrating nerve root impingement correlated with symptoms and exam findings, spine fusion to be performed at 1 or 2 levels, psychosocial screening with confounding issues addressed, and smoking cessation for at least 6 weeks prior to surgery and during the period of fusion healing. Guideline criteria have been fully

met. This injured worker presents with low back pain radiating into both legs, right greater than left, with numbness and tingling. Clinical exam findings are consistent with imaging and electrodiagnostic evidence of plausible nerve root compromise at the L3/4 and L4/5 levels. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. The 5/4/15 utilization review modified this request to lumbar spine decompression at L3/4 and L4/5 with fusion at L4/5, as there was evidence supporting the need for wide decompression at L4/5 but not at L3/4. There is no radiographic evidence of spinal segmental instability on flexion and extension x-rays. There is no rationale presented in the available medical records supporting the need for wide decompression at L3/4 that would result in temporary intraoperative instability and necessitate fusion. Potential psychological issues are documented with no evidence of a psychosocial screen. Therefore, this request is not medically necessary at this time.

Associated Surgical Service: Hotel Stay Day Prior and Day of Discharge: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Labor Code 4600(a).

Decision rationale: The California Labor Code 4600(a) states that medical, surgical, chiropractic, acupuncture, and hospital treatment, including nursing, medicines, medical and surgical supplies, crutches, and apparatuses, including orthotic and prosthetic devices and services, that is reasonably required to cure or relieve the injured worker from the effects of his or her injury shall be provided by the employer. The request for a hotel stay on the day prior and day of discharge is not a medical good or services, and would not generally be subject to utilization review based on the Labor Code. There is no compelling medical rationale presented to support the medical necessity of this request for this injured worker. Therefore, this request would not be considered medically necessary.