

Case Number:	CM15-0087508		
Date Assigned:	05/11/2015	Date of Injury:	06/20/2006
Decision Date:	06/19/2015	UR Denial Date:	04/08/2015
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:

The injured worker is a 38-year-old female who sustained an industrial injury on 6/20/06. Injury occurred when she attempted to detain a shoplifter. Past medical history was positive for gastroesophageal reflux disease, anxiety and depression. She was a non-smoker. The 5/16/14 lumbar spine MRI showed bilateral L5 spondylolysis defects with grade 1 L5/S1 spondylolisthesis severe disc narrowing and degeneration with moderate bilateral foraminal narrowing. At L4/5, there was a right paracentral focal disc protrusion with small-extruded fragment extending inferiorly and minimally compressing the thecal sac. The 9/10/14 neurosurgical report cited low back and right leg pain with spasms since date of injury. She felt like she was getting worse. Back pain was worse than leg pain. Back pain was reported constant at the beltline and into the tailbone region with occasional shooting pain down the right leg posteriorly to the calf. She had intermittent right leg paresthesias laterally down the leg. Conservative treatments had included chiropractic, which helped temporarily, physical therapy that made it worse, and four epidural steroid injections with at least 6 to 8 months of relief. Physical exam documented height 64 inches, weight 230 pounds, slight decrease in lumbar range of motion, and no tenderness to palpation. Strength was 5/5 in the lower extremities bilaterally and sensation was intact. Lower extremity deep tendon reflexes were 2+ and symmetrical. Straight leg raise was negative. She limped but was able to heel and toe walk. MRI findings showed severe degenerative disc disease at L5/S1 with grade 1 spondylolisthesis and bilateral neuroforaminal narrowing. There was moderate to severe degenerative disc disease at L4/5 with a right disc bulge. The injured worker had a spondylolisthesis that was probably the source of her

pain. She was offered surgery to include lumbar fusion and decompression but was uncertain about what she would like to do. She was advised to do daily exercise and lose weight. The 3/30/15 neurosurgical report cited persistent low back and right leg pain with spasms. She was last seen on 10/8/14 and was felt to be a good candidate for right L4/5 and L5/S1 posterior oblique lumbar arthrodesis with posterior instrumentation decompression and fusion with decompression for her spondylolisthesis and radiculopathy. She attempted to get some pool therapy but it was not approved. She felt she was getting worse and wanted surgery. She was allergic to non-steroidal anti-inflammatory drugs and was taking gabapentin, Topamax, cyclobenzaprine and Tylenol, which were helping. She had failed conservative treatment and surgery was requested. The 4/8/15 utilization review non-certified the request for right L4/5 and L5/S1 posterior oblique lumbar arthrodesis, posterior fusion, instrumentation decompression as there were no significant exam findings documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4/L5, L5/S1 Posterior Oblique Lumbar Arthrodesis, Posterolateral Fusion, Instrumentation Decompression (22633, 22634, 63047, 63048, 22851, 20931, 22842, 20937, 61783): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-328.

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 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. 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 injured worker presents with chronic low back pain and intermittent right leg pain, spasms, and paresthesias. Clinical exam findings do not evidence radiculopathy. There is imaging evidence of moderate to severe degenerative disc disease at L4/5 and L5/S1 with a grade 1 spondylolisthesis at L5/S1. There is no radiographic evidence of spinal segmental instability. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. There are potential psychological issues noted in the records with no evidence of a psychosocial screen or psychology clearance for surgery. Therefore, this request is not medically necessary at this time.