

Case Number:	CM15-0233287		
Date Assigned:	12/09/2015	Date of Injury:	05/20/2002
Decision Date:	01/20/2016	UR Denial Date:	11/06/2015
Priority:	Standard	Application Received:	11/30/2015

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:

This 64 year old male injured worker suffered an industrial injury on 5-20-2002. The diagnoses included lumbar spine disc protrusion, lumbar spinal stenosis and lumbar spondylolisthesis, unstable. On 7-6-2015, the provider reported there was limited range of motion of the lumbar spine and bilateral hips. There was tenderness at L2 through S1. On 10-19-2015 provider reported he reviewed the recent CT scan, which revealed a spondylolisthesis at L5-S1 with marked lateral canal stenosis and central canal stenosis, marked central canal stenosis at L4-5 with a broad based disc protrusion, congenital stenosis, short pedicles and hypertrophic facets. There was significant subarticular stenosis at L3-4 and L2-3 and foraminal stenosis. He noted he had extensive non-surgical treatment without favorable results and was still highly disabled. The provider noted he needed decompressive surgery to L2-S1. At the S1, he had a spondylolytic spondylolisthesis and would need arthrodesis. The L4-5 level, which would entail partial facet removal for decompression, may or may not need to be fused. The L2-3 and L3-4 levels needed Subarticular and foraminal enlargement through laminectomies. The functional capacity evaluation score was 68%. The pain was rated 10 out of 10. Medication in use was Morphine. The injured worker noted pain in the left and right dorsal medial foot, left lower back, left and right buttock and left and right posterior thigh. Utilization Review on 11-6-2015 determined non-certification for L4-S1, Subarticular foraminal decompression L2-S1 and L4 Fusion, decompression.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-S1, Subarticular foraminal decompression L2-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: The injured worker is a 64-year-old male with a date of injury in 2002. He complains of low back pain. On examination, he is noted to be moderately obese. The documentation indicates diminished range of motion, tenderness to palpation in the midline and to the left of the midline from L2-S1, positive straight leg raising bilaterally, decreased sensation L4-S1 on the left. Strength was normal 5/5 in the right hip flexors, quadriceps, ankle dorsiflexors and plantar flexors. On the left side, the strength was 5/5 in the hip flexors, quadriceps and 4/5 in the ankle dorsiflexors and ankle plantar flexors. Deep tendon reflexes were absent in both lower extremities. There were no upper motor neuron signs. MRI scan of the lumbar spine dated 4/16/2015 revealed multilevel degenerative changes, particularly at L2-3 through L5-S1. There appeared to be underlying congenital spinal stenosis due to congenitally short pedicles. At L2-3 there was a diffuse disc bulge measuring up to 4 mm and mild facet arthropathy. Mild narrowing of the central canal and lateral recesses. Moderate foraminal narrowing greater on the left. At L3-4 there was diffuse disc bulge measuring 3-4 mm. Mild facet arthropathy. Mild narrowing of the central canal and lateral recesses. Moderate foraminal narrowing bilaterally. At L4-5 there was a diffuse disc bulge measuring up to 7 mm slightly asymmetric to the left paracentral region. Moderate to severe facet arthropathy and thickening of the ligamentum flavum. There was moderate to severe narrowing of the central canal and there was narrowing of the lateral recess, greater on the left. Moderate to severe foraminal narrowing was noted bilaterally. At L5-S1 there was 6 mm anterolisthesis, degenerative in nature. Severe facet arthropathy. There was a diffuse disc bulge measuring approximately 4 mm. Moderate narrowing of the central canal and lateral recesses and there was moderate to severe foraminal narrowing on the left and moderate foraminal narrowing on the right and posterior L4-5 and L3-4. A CT scan of the lumbar spine is dated 9/11/2015. The impression was multilevel broad based disc bulges as well as hypertrophic degenerative changes. Central canal narrowing appeared greatest and moderate in degree at the L4-5 level. Multi-level moderately severe neural foraminal narrowing with additional severe neural foraminal narrowing on the right at L4-5 and on the left at L5-S1. Grade 1 anterolisthesis at L5-S1. In the body of the report, the L2-3 level had moderate right and moderately severe central and left neural foraminal narrowing. At L3-4 there was mild posterior disc space narrowing with 2-3 mm foraminal and lateral disc bulge, right greater than left mild-to-moderate facet arthropathy and mild ligamentum hypertrophy. Mild to moderate central canal narrowing and moderate to severe bilateral neural foraminal narrowing. At L4-5 there was moderate posterior disc space narrowing with 3-4 mm circumferential disc bulging with mild to moderate facet arthropathy and mild ligamentum hypertrophy. Suggestion of moderate central canal narrowing. Severe right and moderately severe left neural foraminal narrowing. At L5-S1 there was severe posterior disc space narrowing with uncovering of the posterior disc related to the anterolisthesis. At L4-5 millimeter circumferential disc bulge. Severe facet arthropathy. Mild central canal narrowing. Suggestion of right and left lateral recess impingement. Moderately

severe right and severe left neural foraminal narrowing. Progress notes dated October 19, 2015 document extensive non-surgical treatment (not specified) without results. The provider suggested decompressive surgery from L2-S1. At S1, there was spondylitic spondylolisthesis and arthrodesis was suggested. At L4-5 level, partial facet removal may necessitate fusion as well. The L2-3 and L3-4 levels needed subarticular and foraminal enlargement through laminectomies. California MTUS guidelines indicate surgical considerations for severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise, activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms, clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair and failure of conservative treatment to resolve disabling radicular symptoms. In this case, although low back pain and lower extremity pain is documented, the clinical examination does not document objective neurological signs and electrodiagnostic studies are not available. Decreased sensation is reported in the left L4-S1 distribution and slight weakness of left foot dorsiflexors and plantar flexors is reported. However, the surgery requested includes decompression from L2-S1 although evidence of radiculopathy at all of these levels is not documented. There is also no documentation of a recent comprehensive non-operative treatment program of weeks/months with exercise rehabilitation and epidural steroid injections. The request for decompression at L2-3 is not supported by clinical or electrodiagnostic evidence of radiculopathy. As such, the combined request of decompressive surgery from L2-S1 is not supported by evidence-based guidelines and the medical necessity of the request has not been substantiated. The request is not medically necessary.

L4 Fusion, decompression: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: The flexion/extension films as reported by the radiologist do not document evidence of instability although grade 1 degenerative spondylolisthesis is noted at L5-S1. California MTUS guidelines indicate that 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. Fusion in patients with other types of low back pain very seldom cures the patient. The documentation submitted does not include evidence of a recent comprehensive non-operative treatment protocol of weeks/ months of exercise rehabilitation and epidural steroid injections with trial failure as recommended by guidelines. As such, the request for decompression and fusion at L4-5 is not supported and the medical necessity of the request has not been substantiated. The request is not medically necessary.