MAXIMUS Federal Services

Case Number:	CM14-0128842		
Date Assigned:	08/25/2014	Date of Injury:	04/22/1996
Decision Date:	10/21/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/13/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 46-year-old male who reported an injury on April 22, 1996. The mechanism of injury was not provided in the medical records. He is diagnosed with lumbar radiculopathy. His past treatments were noted to include physical therapy, NSAIDs, epidural steroid injections, and home exercises. On May 30, 2014, the injured worker had an MRI of the lumbar spine, which revealed a broad-based subligamentous disc herniation at the L4-5 level with resultant persistent segmental stenosis, lateral recess compromise, and bilateral foraminal encroachment. A the L5-S1 level, the MRI revealed evidence of a broad-based posterior disc protrusion with mild effacement of the anterior aspect of the thecal sac, mass effect upon the S1 nerve roots at the level of their lateral recesses, mild foraminal encroachment, and persistent minimal caudal extension of the disc material at that level. On June 23, 2014, the injured worker presented with complaints of low back pain with radiation to the left calf and right hamstrings, which was noted to have occurred for several years. It was also noted that the injured worker reported progressive worsening of his symptoms. He was also noted to have associated numbness and tingling in the bilateral lower extremities, which worsened with physical activity. He rated his pain at 9/10. His physical examination revealed decreased motor strength in the bilateral anterior tibialis, extensor hallucis longus, and gastrocnemius muscles; decreased reflexes to 1/4 bilaterally at the patella and Achilles; diminished sensation to light touch and pinprick along an L4, L5, and S1 distribution; and positive straight leg raising bilaterally. A recommendation was made for surgical intervention to include decompression at L4-S1 with possible fusion, which would be based on findings of spinal instability during surgery. The surgical recommendation was noted to be based on careful review of the injured worker's history, physical examination, pertinent imaging, and due to his persistent symptoms despite conservative treatment. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-S1 Laminectomies, Discectomies, Foraminotomies, Facetectomies, Possible L4-S1 Fusion, Possible Transforaminal Lumbar Interbody Fusion (if any evidence of spinal instability during surgery), Possible Adjacent Levels, Possible Blood Products: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306. Decision based on Non-MTUS Citation Official Disability Guidelines Indication for surgery- Discetomy/Laminectomy

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, Fusion (spinal).

Decision rationale: According to the California MTUS/ACOEM Practice Guidelines, spinal surgery may only be considered when serious spinal pathology and/or nerve root dysfunction has been unresponsive to at least 3 months of conservative therapy and is obviously due to a herniated disc. Documentation should show: severe and disabling radiating symptoms in a distribution consistent with abnormalities on imaging studies, as well as accompanying objective signs of neural compromise; activity limitations due to radiating extremity pain that have been present for more than 1 month, or an extreme progression of radiating symptoms; clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit from surgical repair; and the failure of at least 3 months of conservative treatment to resolve disabling radicular symptoms. Additionally, the guidelines state that spinal fusion may be considered when there is clear evidence of instability. More specifically, the Official Disability Guidelines state that lumbar spinal fusion should not be considered within the first 6 months of symptoms except when there is evidence of fracture, dislocation, or progressive neurologic loss. The guidelines state that indications for spinal fusion may include: a neural arch defect with spondylolytic spondylolisthesis or congenital neural arch hypoplasia; objectively demonstratable segmental instability; primary mechanical back pain with failure of functional spinal unit and instability; when revision surgery is performed for failed previous operations if significant functional gains are anticipated; when there is infection, tumor, or deformity of the lumbosacral spine that causes intractable pain, neurological deficit, and functional disability; or after the failure of 2 discectomies on the same disc. Additionally, the guidelines state that prior to spinal fusion, all pain generators need to be identified and treated; all physical medicine and manual therapy intervention has been tried and failed; x-rays have demonstrated spinal instability, and MRI or other diagnostic testing has demonstrated disc pathology which has been correlated with symptoms and physical examination findings; the spinal pathology is limited to 2 levels; psychosocial screening has been performed and confounding issues have been addressed; and recommendations have been made for patients who smoke to refrain from smoking for at least 6 weeks prior to surgery and during the period of fusion healing. The injured worker was noted to have persistent and severe lower extremity symptoms despite an extended period of conservative treatment, which included medications, physical therapy, and epidural steroid injections. Additionally, he was noted to have significant physical examination findings consistent with

radiculopathy, which correlated with his MRI findings of pathology at the L4-5 and L5-S1 levels. Therefore, spinal decompression surgery would be supported. However, the documentation failed to show evidence of instability on x-ray to warrant fusion surgery. Additionally, the documentation did not indicate that the preoperative surgical recommendations prior to spinal fusion have been completed, as there was no documentation indicating that the injured worker had undergone a psychosocial screening or counselling regarding smoking cessation prior to the surgery and during the period of healing. In the absence of x-ray reports showing evidence of instability and documentation showing that the preoperative requirements have been fulfilled, a lumbar fusion is not supported, and a "possible" fusion during the proposed surgery is also not supported. Therefore, despite documentation showing that spinal decompression at the requested levels may be appropriate, the request in its entirety is not supported, as the injured worker does not meet the criteria for lumbar fusion. Therefore, the requested surgical intervention is not medically necessary.

In-Patient Hospital Stay (2-3 days): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306. Decision based on Non-MTUS Citation Official Disability Guidelines Indication for surgery- Discetomy/Laminectomy

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

1 PA to assist surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306. Decision based on Non-MTUS Citation Official Disability Guidelines Indication for surgery- Discetomy/Laminectomy

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.