

Case Number:	CM14-0130805		
Date Assigned:	08/20/2014	Date of Injury:	01/04/2011
Decision Date:	10/08/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/15/2014

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 . 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 54-year-old female who reported an injury on 01/04/2011. The mechanism of injury was not provided within the medical records. She was diagnosed with lumbar radiculopathy. Her past treatments were noted to include unspecified medications. Her diagnostic studies were noted to have included an MRI on an unspecified date, which was noted to reveal unspecified findings at the L4-5 and L5-S1 levels. Additionally, electromyography was noted to have been performed on 12/06/2013 and reportedly revealed evidence of bilateral L5 and S1 radiculopathy, as well as ongoing denervation of the S1 nerve root. Provocative discography was performed on the lumbar spine from L2 to S1 on 05/19/2014. This procedure revealed severe pain at L4-5 and L5-S1, a negative control at L3-4, and mild pain at L2-3. On 06/10/2014, the injured worker presented with complaints of severe lumbosacral pain with radiating symptoms down the posterolateral aspect of both lower extremities, and associated weakness, numbness, tingling, and paresthesias. She was also noted to experience numbness in her peroneal area and had complaints of incontinence of stool and urine. On physical examination, the injured worker was noted to have decreased sensation on the lateral dorsum of the bilateral feet, the mid dorsum of the bilateral feet, and the lateral aspect of the right leg. She was also noted to have decreased motor strength in the right great toe extensor and right anterior tibialis, as well as weakness on the left to a lesser degree. Additionally, she had positive straight leg raise testing bilaterally. The injured worker's medications were not provided. The treatment plan included an inpatient L4-5 and L5-S1 fusion with 3 day hospital stay. The clinical documentation indicated that surgery was being recommended to treat her radiculopathy at these levels and it was further clarified that despite degeneration of the levels above L4-5 and L5-S1, they were noted to be not nearly as severe as at the requested levels making it reasonable to do a

2 level fusion rather than 4 level fusion. The Request for Authorization form was submitted on 06/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient L4-5 and L5-S1 fusion with 3 day hospital stay: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers Comp 18th edition, Low Back Chapter-Length of stay

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 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 demonstrable 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 significant low back pain and symptoms in the bilateral lower extremities, as well as bladder and bowel incontinence. Additionally, it was noted that an MRI had revealed pathology at the L4-5 and L5-S1 levels and she noted to have unequivocal positive results at the L4-5 and

L5-S1 levels on provocative discography. Additionally, electrodiagnostic studies reportedly revealed evidence of L5 and S1 radiculopathy. Her physical examination also revealed evidence of radiculopathy with decreased sensation to the lateral and mid dorsum of both feet and lateral aspects of the right leg, decreased motor strength in the right great toe and anterior tibialis, and on the left side to a lesser degree, and positive bilateral straight leg raises. However, sufficient documentation was not submitted to indicate that she has been symptomatic for at least 6 months and unresponsive to at least 3 months of conservative treatment or there was no documentation indicating that she had undergone physical medicine or manual therapy. In addition, the MRI and electrodiagnostic study reports were not provided to verify the noted findings and correlate with physical examination findings. Moreover, in the absence of previous clinical notes, progression of her radiating symptoms and neurological deficits cannot be established by comparison with the 06/10/2014 note. Furthermore, the documentation submitted for review did not include x-ray results showing evidence of instability. Also, there was no documentation indicating that all pain generators had been identified and treated, that a psychosocial screening had been performed and confounding issues had been addressed, and that the injured worker had been counseled to refrain from smoking if necessary. Therefore, the criteria for decompression and fusion have not been met. As such, the request is not medically necessary.