

Case Number:	CM15-0009418		
Date Assigned:	01/27/2015	Date of Injury:	03/24/2014
Decision Date:	03/20/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/15/2015

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 58 year old female, who sustained an industrial injury on 3/24/14. She reported onset of low back pain after heavy lifting. The 4/9/14 lumbar spine MRI impression findings documented anterolisthesis of L4 on L5 by 12% of the vertebral body length and a posterior pseudo-disc bulge measuring 5 mm. At L4/5, there was moderate left greater than right facet arthrosis with hypertrophy and buckling of the posterior ligamentum flavum. There was moderate right foraminal and central canal narrowing and moderate to severe left foraminal narrowing. The left exiting nerve root contacted the facet and pedicle and demonstrated slight contour change. At L5/S1, there was a broad based posterior disc bulge, left greater than right facet arthrosis with hypertrophy, mild right foraminal and central canal narrowing, and mild to moderate left foraminal narrowing. Conservative treatment had included physical therapy, two epidural steroid injections, medications, and activity modification. The 11/3/14 treating physician report cited severe back pain. An epidural steroid injection since the last visit provided 2 to 3 weeks of relief. She recently fell because her legs gave out. Physical exam documented slow and guarded gait and position changes. There was moderate restriction in lumbar range of motion with pain. The diagnosis was lumbar strain, grade 1

spondylolisthesis L4/5 and foraminal stenosis with radiculopathy, and degenerative disc with central disc protrusion and annular tear at L5/S1. The patient had failed an extended period of reasonable non-operative care. The treatment plan indicated that the patient needed an L4/5 decompression and fusion, and it would be imprudent to not incorporate L5/S1 into the fusion due to likelihood of residual back pain and possibly progressive worsening back pain due to transitional syndrome. On December 30, 2014 utilization review non-certified a request for L4-L5 and S1 laminectomy and posterior lumbar interbody fusion/posterior lateral fusion with instrumentation and Associated surgical services: 3 day hospital stay, noting limited clinical findings to correlate disc pathology. The Medical Treatment Utilization Schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) guidelines were utilized in the determination. Application for independent medical review (IMR) is dated January 15, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 and S1 laminectomy and posterior lumbar interbody fusion/posterior lateral fusion with instrumentation: 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 Worker's Compensation, Low Back Procedure Summary, Indications for surgery, discectomy/laminectomy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306-307. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Lumbar & Thoracic, Discectomy/Laminectomy; Fusion (Spinal)

Decision rationale: The California 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. The Official Disability Guidelines recommend criteria for lumbar discectomy and laminectomy 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 may be supported for surgically induced segmental instability but pre-operative guidelines recommend completion of all physical medicine and manual therapy interventions and psychosocial screen with all confounding issues addressed. Guideline criteria have not been met. This patient presents with severe back pain and a report that she fell because her legs gave out. There is imaging evidence of nerve root contact, potentially consistent with radiculopathy at the L4/5 level. There is a relatively mild anterolisthesis of L4 on L5, with no guideline-associated imaging evidence of instability. There is no evident documentation of radicular pain patterns or a clinical neurologic examination, correlated to imaging findings. A psychosocial evaluation is not evidenced. Therefore, this request for L4, L5, and S1 laminectomy and posterior lumbar interbody fusion /posterior lateral fusion with instrumentation is not medically necessary.

Associated surgical services: 3 day hospital stay: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical services: Pre-op medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

