

Case Number:	CM15-0114852		
Date Assigned:	06/23/2015	Date of Injury:	11/08/2013
Decision Date:	07/22/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/15/2015

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:

This injured worker is a 50-year-old man sustained an industrial injury on 11/8/13 relative to lifting a tool box. Past medical history was positive for diabetes type 2 and hypertension. He was a non-smoker. Conservative treatment included anti-inflammatory medications, physical therapy, chiropractic epidural injections, and facet injections. The 3/24/15 lumbar spine MRI impression documented a broad-based moderate disc protrusion at L5/S1 extending from the midline to left lateral recess with moderate encroachment upon the dural sac and left L5 nerve, and moderate hypertrophic facet disease. Findings documented an annular disc bulge more eccentric to the left neural foramen. The 5/12/15 neurosurgical report cited complaints of worsening grade 7/10 low back and gluteal pain, aggravated by bending and standing. The injured worker reported that nothing really alleviated the pain and was struggling to remain at modified work. Physical exam documented 4+/5 left lower extremity weakness, normal deep tendon reflexes, and normal sensory exam. There was difficulty noted in starting to walk when he first stood up, flexion of 10 degrees at the hips with ambulation, and guarding with limited range of motion. He had a left antalgic gait. MRI showed a desiccation L4/5 intervertebral disc with signal change of an annular tear. Conservative treatment had included physical therapy, epidural injection, time, and activity modification without improvement. As the injured worker has low back pain radiating horizontally across the belt line and into the buttocks, lumbar fusion at L4/5 was recommended over discectomy as he does not have any sciatic pain. Authorization was requested for L4/5 TLIF (transforaminal lumbar interbody fusion) and XIA fixation. The 5/27/15 utilization review non-certified the request for L4/5 TLIF and XIA fixation as there was no documentation of spinal

fracture, dislocation, or spondylolisthesis nor was there any flexion/extension x-rays demonstrating instability at L4/5.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 TLIF & XIA fixation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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 laminotomy, laminectomy, and discectomy for lumbosacral nerve root decompression. Guidelines state there is no good evidence that spinal fusion alone was effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there was instability and motion in the segment operated on. 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. Fusion may be supported for surgically induced segmental instability. 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 worsening low back and gluteal pain, interfering with work ability. Clinical exam findings do not evidence a focal neurologic deficit. There is imaging evidence of an L4/5 disc protrusion with annular tear and L5 nerve root encroachment. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. However, there is no radiographic evidence of spinal segmental instability at the L4/5 level or discussion of the need for wide decompression that would result in temporary intraoperative instability necessitating fusion. Additionally, there is no evidence of a psychosocial screen. Therefore, this request is not medically necessary at this time.