

Case Number:	CM15-0117799		
Date Assigned:	06/26/2015	Date of Injury:	11/28/2014
Decision Date:	07/27/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/18/2015

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 49-year-old male who sustained an industrial injury on 11/28/14. The mechanism of injury was not documented. The 1/12/15 lumbar spine MRI impression documented a 5 mm posterior central L4/5 disc herniation causing indentation and impingement on the anterior thecal sac with elevation and stretching of the posterior longitudinal ligament at the L4/5 interspace. At L5/S1, there was a 3 mm posterior disc protrusion causing elevation and stretching of the posterior longitudinal ligament at the L5/S1 interspace. There was an annular tear of the L5/S1 disc and 3 mm spondylolisthesis of L5 on S1. There was multilevel lumbar spine spondylosis. The 3/24/15 treating physician report cited continued left L5 radiculopathy with continued pain over the left sacroiliac joint region. Physical exam documented normal gait, restricted and painful lumbar range of motion, negative straight leg raise, normal lower extremity strength, 2+ and symmetrical deep tendon reflexes, and slightly decreased sensory testing over the dorsum of his left foot. The treatment plan recommended a left L5/S1 transforaminal epidural steroid injection targeting the L5 nerve and lumbar x-rays to evaluate for any degree of instability as there was a possible pars defect at L4/5. Records documented that the 4/16/15 lumbar spine flexion/extension x-rays showed mild anterior translation of L5 on S1, 7 mm on neutral, 6 mm on flexion, and 5 mm on extension. The 4/24/15 lumbar CT scan impression documented chronic bilateral spondylolysis at L5 with grade 1 anterolisthesis of L5 on S1, mild bilateral foraminal narrowing at L3/4 due to mild disc bulge, and mild degenerative endplate changes throughout the lumbar spine, most notably at L3/4. There was mild to moderate left and mild right foraminal narrowing at L4/5 due to mild to moderate disc bulge and mild facet arthropathy. At L5/S1, there was mild bilateral neuroforaminal due to a mild disc bulge. A bilateral L4/5 epidural steroid injection was performed on 5/1/15. The 6/2/15 treating physician report cited low back pain radiating into both lower extremities, left worse than right, in the distribution of the L5 nerves. Physical exam documented normal gait with no discernible

weakness. The current diagnosis included spondylolisthesis. Conservative treatment had included epidural steroid injection, physical therapy, and medications. Authorization was requested for posterior lumbar instrumentation decompression with fusion and interbody fusion L5-S1 allograft and autograft, and post-operative lumbar back brace. The 6/8/15 utilization review non-certified the posterior lumbar instrumentation decompression with fusion and interbody fusion L5-S1 allograft and autograft and associated request for post-operative lumbar back brace as there was no documentation of objective radicular findings in the requested nerve root distribution or imaging findings at the requested level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posterior lumbar instrumentation decompression with fusion and interbody fusion L5-S1 allograft and autograft: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), low back, AMA pages 379, 382-383.

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 ½ Lumbar & Thoracic, Discectomy/Laminectomy, Fusion (spinal).

Decision rationale: The California MTUS guidelines recommend laminotomy, laminectomy, and discectomy for lumbosacral nerve root decompression. 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. 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. Spinal instability criteria includes lumbar inter-segmental movement of more than 4.5 mm. 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 low back pain radiating into the lower extremities consistent with an L5 radiculopathy. Clinical exam findings are consistent with imaging findings of nerve root compression at the L4/5 level. There is no clear imaging evidence of nerve root compression at the L5/S1 level. There is radiographic evidence of 3 mm of spondylolisthesis and translation at the L5/S1 level which does not meet guideline criteria of 4.5 mm of inter-segmental movement. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Additionally, there is no evidence of a psychosocial screen. Therefore, this request is not medically necessary.

Associated surgical services: Post operative, Lumbar back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), lumbar supports.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM). Occupational Medical Practice Guidelines 2nd Edition. Chapter 12 Low Back Disorders. (Revised 2007) pages138-139.

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