

Case Number:	CM15-0117951		
Date Assigned:	06/26/2015	Date of Injury:	07/17/2009
Decision Date:	07/27/2015	UR Denial Date:	06/05/2015
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 7/17/09, relative to a rear-end motor vehicle collision. Past surgical history was positive for L4/5 fusion on 1/4/10. The 4/21/10 EMG/NCV study showed acute on-going denervation of the right L5 nerve root. The 6/5/13 lumbar spine MRI demonstrated a grade 1 spondylolisthesis at L4/5 with a 7 mm dehiscence of the nuclear pulposus with upward protrusion of the anterior portion of the thecal sac. At L5/S1, there was a right sided fusion of hardware with marked facet hypertrophy. The 6/5/13 lumbar CT scan showed a partial fusion on the right side of L4/5 with severe facet hypertrophic changes noted. At L3/4, there was a 2.5 mm central disc protrusion with severe hypertrophic facet changes. He sustained a right hip fracture relative to a broad-side motor vehicle accident and underwent open reduction and internal fixation on 1/13/14. The 12/4/14 psychiatric evaluation documented a Beck Depression Inventory score of 43 indicative of severe depression and a Beck Anxiety Inventory score of 23 indicative of moderate anxiety. The depression score indicated that treatment was needed. The 1/16/15 spine surgeon report cited grade 8-9/10 low back pain radiating with grade 7/10 right leg pain to the calf and weakness in right foot dorsiflexion. He had right hip pain and a severe limp. He was using a walker for ambulation. Physical exam documented severe antalgic gait into the right hip and leg, and right foot drop on attempt to perform heel and toe walk. He had positive right straight leg raise. Hip exam revealed 0-90 degrees flexion, 24 degrees external rotation, and 10 degrees internal rotation. Stinchfield test was positive for right hip pathology. The diagnosis was right L5 radiculopathy with a foot drop, recurrent disc herniation at L4/5, L3/4, and L5/S1 with facet arthropathy and stenosis, and failed L4/5 instrumented fusion. Objective findings included decreased lumbar range of motion, a positive straight leg raise test bilaterally at 60 degrees and decreased sensation along the posterior lateral thigh and posterior lateral calf. The treatment plan recommended a revision lumbar L4/5 fusion and decompression at L3/4 and L5/S1 with

extension of the fusion at L3 to the sacrum. The 5/8/15 psychological and cognitive screening report recommended a comprehensive neuropsychological evaluation for the purposes of guiding treatment. The 5/8/15 treating physician report cited persistent low back pain radiating down both lower extremities. He relied on a front-wheeled walker due to his significant radicular symptoms, along with weakness in his lower extremities. Surgery had been recommended to revise the L4/5 fusion where there was a grade 1 spondylolisthesis and severe facet hypertrophy, and decompression above and below the fusion at L3/4 and L5/S1 with possible fusion of one or both levels depending on how much decompression was required. He continued to have significant right hip pain and a total hip replacement had been recommended. Physical exam documented antalgic gait favoring the right lower extremity, use of a walker, lumbar muscle tenderness and rigidity, paraspinal trigger points and muscle guarding. There was limited range of motion, normal deep tendon reflexes, and positive straight leg raise bilaterally. There was global 4/5 right lower extremity weakness and 5-/5 left lower extremity weakness. There was decreased sensation along the posterolateral thigh and calf on the right in an L5/S1 distribution. The treatment plan noted that a 3-level interbody lumbar fusion and right total hip arthroplasty had been recommended. Authorization was requested for a revision lumbar L4/5 fusion and decompression at L3/4 and L5/S1. The 6/5/15 utilization review non-certified the request for a revision lumbar L4/5 fusion and decompression at L3/4 and L5/S1 as there was no clinical exam evidence of radiculopathy or positive electro diagnostic evidence to support the requested decompression, and there was no evidence of pseudoarthrosis or instability to support the medical necessity of a revision fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Revision Lumbar L4-5 Fusion and Decompression at L3-4 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

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 laminotomy 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 down both lower extremities. Clinical exam findings are consistent with imaging evidence of plausible L5/S1 nerve root compression and partial fusion at the L4/5 level. 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 consistent with guideline instability criteria. There is no documentation of the need for wide compression that would create temporary intra-operative instability. Additionally, there is evidence of potential psychological issues with no evidence of psychological clearance for surgery. Therefore, this request is not medically necessary at this time.