

Case Number:	CM15-0118170		
Date Assigned:	06/26/2015	Date of Injury:	07/12/2013
Decision Date:	07/27/2015	UR Denial Date:	06/02/2015
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:

The injured worker is a 28-year-old male who sustained an industrial injury on 7/12/13. Injury occurred when he was lifting a 2x12 beam of lumber with onset of low back pain. Conservative treatment included physical therapy, activity modification, medications, and two epidural steroid injections. The 1/14/14 electrodiagnostic study evidenced right sided L5 and S1 radiculopathy. The 3/30/15 lumbar spine MRI impression documented mild disc and facet disease mainly at L4/5 and L5/S1 with neuroforaminal narrowing but no spinal stenosis. The 4/2/15 neurosurgical report cited severe back pain radiating into both legs, greater on the right. Pain radiated into the right calf and lateral leg, increased with any weight bearing exercise. Physical exam documented the injured worker to be significantly overweight and in apparent discomfort, with a slow and guarded gait using a cane for assistance. His affect was somewhat flattened. Sitting was very difficult and he preferred to lie down during the exam. Lower extremity exam documented 4-/5 weakness in right plantar flexion, ankle dorsiflexion, and great toe extension. He was unable to toe walk and heel walk was performed with significant difficulty. Achilles reflexes were absent left and +1 right. There was diminished sensation over the right L5 and S1 dermatomal distributions. MRI findings showed rather significant degeneration and loss of disc height at L4/5 and L5/S1 with bilateral lateral recess stenosis due to osteophyte formation. The diagnosis was degenerative disc disease L4/5 and L5/S1 with right L5 and S1 radiculopathy. The treatment plan recommended L4/5 and L5/S1 anterior discectomy and fusion. The need for wide decompression was discussed that would result in temporary intraoperative instability requiring fusion. Authorization was requested for L4/5 and L5/S1 ALIF (anterior lumbar interbody fusion) with associated requests for LSO back brace and post-op aquatic therapy 3 times a week

for 6 weeks. The 4/15/15 medical legal report documented review of the 3/30/15 lumbar spine x-rays that showed degenerative changes mainly at L4/5 and L5/S1 with facet joint hypertrophy and flexion/extension views showing no instability. The 3/30/15 lumbar spine MRI showed mild disc and facet disease at L4/5 and L5/S1 with 1-2 mm disc bulging at L4/5 and 2 mm at L5/S1 with no spinal stenosis. There was neuroforaminal narrowing at L4/5 and L5/S1. In view of the injured worker's disproportionate symptoms to imaging findings and pain behaviors, psychological evaluation and treatment was recommended. The 6/2/15 utilization review non-certified the L4/5 and L5/S1 ALIF and associated surgical requests as the symptoms were in excess of imaging findings and psychosocial assessment had not been done.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5, L5-S1 Anterior Lumbar Interbody Fusion (ALIF): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar spine.

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. 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 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 persistent severe and function-limiting low back pain radiating into the right lower extremity. Clinical exam findings are consistent with electrodiagnostic evidence of right L5 and S1 radiculopathy and imaging evidence of degenerative disc disease. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. There is documentation that significant resection of the facet joints will be required for adequate decompression and create temporary intraoperative instability. However, there are potential psychological issues identified with no evidence of psychosocial assessment. Therefore, this request is not medically necessary at this time.

Associated surgical service: LSO Back brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar spine.

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) page(s) 138-139.

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

Post-op Aquatic therapy 3x6: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 24, Postsurgical Treatment Guidelines Page(s): 26.

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