

Case Number:	CM15-0123441		
Date Assigned:	07/07/2015	Date of Injury:	07/16/2012
Decision Date:	08/14/2015	UR Denial Date:	06/13/2015
Priority:	Standard	Application Received:	06/26/2015

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 40-year-old female who sustained an industrial injury on 7/16/12. The mechanism of injury was not documented. The 4/28/15 lumbar spine MRI impression documented focal moderate left paracentral T11/12 disc protrusion affecting the anterior left T11/12 cord and thecal sac. There was moderate to severe bilateral L5/S1 foraminal stenosis, and grade 1 anterolisthesis of L5 on S1 secondary to probable chronic L5 pars defects. There was severe L5/S1 disc space narrowing. There was a small central L3/4 disc protrusion extrusion only mildly effacing the anterior central thecal sac. The 4/28/15 lumbar spine x-rays documented a grade 2 (10 mm, 25%) anterolisthesis of L5 relative to S1 without instability, bilateral L5/S1 spondylosis and moderate degenerative disc disease. The 5/21/15 treating physician report cited severe exertion related to back and left hip and leg pain that limited all activity. She was unable to move her left foot. She had gained 120 pounds over the past two years as a result of inactivity due to pain from her work related injury with current body mass index > 47. She was a current smoker. Physical exam documented inability to support weight on her left toes or heels, and bending at the hips was severely restricted. Motor testing documented inability to dorsiflex or plantar flex the left foot or toes. There was marked decrease in sensation over the lateral more than dorsal right foot. Deep tendon reflexes were +2 and symmetrical. Nerve tension signs were negative bilaterally. Lumbar x-rays showed grade 1 spondylolisthesis at L5/S1 with foraminal stenosis. The treating physician reported that he was unable to explain her inability to dorsiflex or plantar flex the left ankle with intact left ankle reflex, and noted the possibility of lack of fully cooperation or other functional issues. Prior EMG in 2013 was reported normal. She had an

unstable spondylolisthesis when would cause back and lower extremity pain. Weight loss was discussed. Authorization was requested for lumbar laminectomy and interbody fusion at L5/S1 with one night inpatient stay. The 6/13/15 utilization review non-certified the request for lumbar laminectomy and interbody fusion at L5/S1 with one night inpatient stay as there was no orthopedic testing correlated with imaging results.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Lumbar laminectomy and interbody fusion at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288, 307. Decision based on Non-MTUS Citation Official Disability Guidelines, discectomy/laminectomy.

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 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 (ODG) recommends laminectomy for lumbar spinal stenosis. Surgical indications include imaging evidence with concordance between radicular findings on radiologic evaluation and physical exam findings, and conservative treatment. Conservative treatment criteria include activity modification, drug therapy, and referral to physical therapy, manual therapy, psychological screening, or back school. The ODG recommend lumbar spinal fusion as an option for patients with ongoing symptoms, corroborating physical findings and imaging, and after failure of non-operative treatment for spondylolisthesis (isthmic or degenerative) with at least one of the following: instability, and/or symptomatic radiculopathy, and/or symptomatic spinal stenosis. Pre-operative clinical surgical indications include all of the following: (1) all physical medicine and manual therapy interventions are completed with documentation of reasonable patient participation with rehabilitation efforts including skilled therapy visits, and performance of home exercise program during and after formal therapy. (2) X-rays demonstrating spinal instability and/or myelogram, CT-myelogram, or MRI demonstrating nerve root impingement correlated with symptoms and exam findings. (3) Spine fusion to be performed at one or two levels. (4) Psychosocial screen with confounding issues addressed; the evaluating mental health professional should document the presence and/or absence of identified psychological barriers that are known to preclude post-operative recovery. (5) For any potential fusion surgery, it is recommended that the injured worker refrain from smoking for at least six weeks prior to surgery and during the period of fusion healing. (6) There should be documentation that the surgeon has discussed potential alternatives, benefits and risks of fusion with the patient. Guideline criteria have not been met. This injured worker presents with persistent back pain that severely impairs functional activity. Clinical exam findings were consistent with imaging evidence of moderate to severe stenosis and plausible nerve root compression at L5/S1, although the significant motor

deficit was reported unexplainable. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. There is no radiographic evidence of spinal segmental instability. There is no documentation of smoking cessation or discussion of the need for same. There is no evidence of a psychosocial screening. Therefore, this request is not medically necessary at this time.

Associated Surgical Service: 1 Night In-patient stay: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back & Lumbar & Thoracic: Hospital length of stay (LOS).

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