

Case Number:	CM15-0124557		
Date Assigned:	07/09/2015	Date of Injury:	06/25/2012
Decision Date:	08/05/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/29/2015

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 45-year-old female who sustained an industrial injury on 6/25/12. Injury occurred when she slipped while lifting a chair out of the bathtub and stopped the fall by catching herself on a towel rack. She reported a pop in her low back with immediate onset of back pain. Conservative treatment included chiropractic, physical therapy, acupuncture, anti-inflammatory medication, anti-depressants, opioid pain medication, epidural steroid injection, home exercise program, and activity modification. The 7/29/12 lumbar spine MRI impression documented L5/S1 facet arthropathy, slight anterolisthesis, and a small left posterolateral disc protrusion with mild to moderate bilateral foraminal stenosis, left greater than right. The 12/5/13 electrodiagnostic study documented evidence of left L5 and S1 radiculopathies. The 4/15/14 initial psychological evaluation documented a diagnosis of major depression (moderate single episode) and anxiety. The 7/8/14 psychologist progress report documented the need for continued treatment. The 5/4/15 medical legal report documented psychological assessment and treatment to include additional cognitive behavioral therapy to conclude treatment or transfer to non-industrial provider to continue therapy to address non-industrial issues, and formal evaluation for psychotropic medication by a psychiatrist. The 4/20/15 spine surgeon consult report documented a history of low back pain radiating down the left lower extremity. Current complaints included grade 7-8/10 low back pain throbbing to the left side and grade 4-5/10 pain on the right side also. She was regularly using ibuprofen and Celexa. She had undergone two epidural steroid injections, the first one helped and the second one did not. Past medical history was positive for somewhat diffuse tenderness to palpation, a hint of left extensor hallucis longus

weakness, and mildly positive straight leg raise on the left side. X-rays showed about 8 mm of anterolisthesis of L5 on S1. The MRI showed about 2 mm of anterolisthesis which meant this was an unstable slip at L5/S1. The diagnosis included lumbago and lumbar radiculopathy from spondylolisthesis. The treatment plan recommended anterior lumbar interbody fusion (ALIF) at L5/S1. Authorization was requested for ALIF at L5/S1 with associated surgical services including 3-day inpatient stay and brace for the lumbar spine. The 6/10/15 utilization review non-certified the ALIF at L5/S1 and associated surgical requests as there was no formal imaging or electrodiagnostic evidence of compressive pathology, and no evidence of imaging demonstrating spinal segmental instability at the L5/S1 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior lumbar interbody fusion at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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 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. 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 fully met. This injured worker presents with persistent low back pain radiating into the lower extremities, left greater than right. Clinical exam findings are consistent with electrodiagnostic evidence of left L5 and S1 radiculopathy. There is reported radiographic evidence of 8 mm spondylolisthesis at L5/S1. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. However, there are potential current psychological issues with no documentation that this injured worker has been psychologically cleared for surgery. Therefore, this request is not medically necessary at this time.

Associated surgical service: 3 day inpatient stay: 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).

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.

Associated surgical service: brace for the lumbar spine: 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).

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.