

Case Number:	CM15-0128609		
Date Assigned:	07/15/2015	Date of Injury:	10/05/2013
Decision Date:	08/11/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/02/2015

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 58-year-old male who sustained an industrial injury on 10/05/13. Injury occurred when he tripped on a hose, twisting and jerking to prevent a fall resulting in acute low pain and left knee pain and swelling. Past medical history was positive for hypercholesterolemia, hypertension, and chronic obstructive pulmonary disease. Social history documented current everyday smoking. Conservative treatment included activity modification, physical therapy, acupuncture treatments, epidural steroid injection, and medication therapy. The 2/3/15 bilateral lower extremity electrodiagnostic study revealed evidence of mild acute L5 radiculopathy on the left, and bilateral lower extremity peripheral neuropathy. The 3/24/15 lumbar spine MRI impression documented multilevel moderate to moderately severe degenerative disc disease causing abutment of the nerve roots within the lateral recesses and foramina at all lumbar levels from L1 through S1 with no definite nerve root impingement. The 5/18/15 pain management report documented that the injured worker had undergone a left L5/S1 transforaminal epidural steroid injection two weeks prior with a greater than 50% reduction in pain on the left side. He was reporting pain radiating down the posterior right lower extremity to the foot with numbness and tingling. Physical exam documented full lumbar range of motion, 4+/5 right and 5/5 left lower extremity motor strength, normal lower extremity sensation, and 1+ and symmetrical patellar and Achilles reflexes. Straight leg raise was positive on the right. The diagnosis was lumbar disc with radiculitis. The treatment plan recommended a right L5/S1 transforaminal epidural steroid injection. The 5/28/15 treating physician report cited persistent constant grade 8/10 low back pain radiating down the both legs with numbness and tingling. Symptoms were

worse with prolonged sitting, standing, and walking. Physical exam documented marked left lower antalgic gait, almost unable to weight bear. There was restricted range of motion with marked left sciatic notch tenderness. Neurologic exam was reported a reflexive, -2 left dorsiflexion and gastrocnemius weakness, and positive left straight leg raise. The diagnosis was lumbar spondylolisthesis, spinal stenosis, degenerative disc disease, and radiculopathy. Authorization was requested for L1/2, L2/3, and L3/4 laminectomy, posterior lumbar interbody fusion and fusion with pedicle rods and screws, and 2 night inpatient stay. The 6/18/15 utilization review non-certified the L1/2, L2/3, and L3/4 laminectomy, posterior lumbar interbody fusion and fusion with pedicle rods and screws and associated length of stay as there was no documentation of exam findings indicative of an upper lumbar radiculopathy, physical therapy trial, psychological assessment, or smoking cessation.

IMR ISSUES, DECISIONS AND RATIONALES

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

L1-2, L2-3, L3-4 LAMI PLIF and Fusion with Pedicle Rods and Screws: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 laminectomy 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. 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. For any potential fusion surgery, it is recommended that the patient refrain from smoking for at least 6 weeks prior to surgery and during the period of fusion healing. Guideline criteria have not been met. This injured worker presents with persistent low back pain radiating into both lower extremities with numbness and tingling. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Clinical exam findings correlate with electrodiagnostic evidence of L5 radiculopathy and plausible multilevel nerve root impingement, which does not fully support the levels of this surgical request. However, there is

no evidence of spinal segmental instability. There is no discussion of the need for wide decompression resulting in intraoperative instability. There is no evidence of a psychosocial screen. There is no documentation of guideline-recommended smoking cessation. Therefore, this request is not medically necessary.

2 Night Inpatient 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.