

Case Number:	CM15-0171973		
Date Assigned:	09/14/2015	Date of Injury:	10/30/2010
Decision Date:	10/15/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/01/2015

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 64-year-old male who sustained an industrial injury on 10/30/10. Injury occurred relative to cumulative trauma while working at a demolition site. Past medical history was positive for hypertension, diabetes, and hyperlipidemia. Surgical history was positive for right carpal and cubital tunnel release on 1/12/15, and left carpal and cubital tunnel release on 8/24/15. The 6/22/15 treating physician report indicated that lumbar spine x-rays were obtained and showed a mild (2-3 mm) anterolisthesis of L4 on L5 and small retrolisthesis at L3 on L4. The flexion/extension views showed loss of motion segment integrity at the L3/4 and L4/5 levels. The 7/29/15 treating physician appeal report indicated that the lumbar MRI showed a large 4 to 5 mm disc bulge with very severe left neuroforaminal narrowing extending bilaterally into the left foramina and obliterating the fat surrounding the exiting L4 nerve root. There was also moderate right neuroforaminal narrowing with marked central stenosis and bilateral facet hypertrophy. The injured worker's dominant complaint was axial back pain. Significant removal of the lumbar facets or radical excision of the intervertebral disc was anticipated at the decompressed levels that could destabilize the defect of such segment and lead to instability. The injured worker had failed to improve with a plethora of conservative treatment including lumbar epidural injections, physical therapy, acupuncture, medications, home exercise program, and activity modification. Clinical impression, diagnostic studies, and failure of conservative treatment justify lumbar spine surgery following psychological clearance. The 8/3/15 treating physician report cited significant low back pain radiating down the lower extremities with numbness, tingling, and weakness. He presented with an antalgic gait using a walker. He had difficulty in daily activities, including prolonged sitting, standing, walking, squatting, kneeling, and stooping. The injured worker had significant neurologic dysfunction including

loss of reflex, loss of sensation, and pain in the dermatomal pattern, as well as claudication and right foot drop on physical exam. The diagnosis included lumbosacral radiculopathy, lumbar stenosis, and spondylolisthesis. Psychological clearance was requested per the utilization review denial. Authorization was requested for lumbar L4/5 fusion. The 8/25/15 utilization review non-certified the request for L4/5 lumbar fusion as there was no radiographic evidence of instability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar L4-L5 Fusion: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic, Discectomy/Laminectomy, Fusion (spinal).

Decision rationale: The California MTUS recommend surgical consideration when there is severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise. Guidelines require clear clinical, imaging and electrophysiologic evidence of a lesion that has been shown to benefit both in the short term and long term from surgical repair. The guidelines recommend that clinicians consider referral for psychological screening to improve surgical outcomes. The Official Disability Guidelines do not recommend lumbar fusion for patients with degenerative disc disease, disc herniation, spinal stenosis without degenerative spondylolisthesis or instability, or non-specific low back pain. Fusion may be supported for segmental instability (objectively demonstrable) including excessive motion, as in isthmic or degenerative spondylolisthesis, surgically induced segmental instability and mechanical intervertebral collapse of the motion segment and advanced degenerative changes after surgical discectomy. Pre-operative clinical surgical indications require completion of all physical therapy and manual therapy interventions, x-rays demonstrating spinal instability and/or imaging demonstrating nerve root impingement correlated with symptoms and exam findings, spine fusion to be performed at 1 or 2 levels, psychosocial screening with confounding issues addressed, and smoking cessation for at least 6 weeks prior to surgery and during the period of fusion healing. Guideline criteria have not been fully met. This injured worker presents with primary axial low back pain, with radiating pain to the lower extremities with numbness, tingling and weakness. Clinical exam findings are consistent with reported imaging evidence of plausible nerve root compromise. Detailed evidence of long-term reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. There is no radiographic evidence of spondylolisthesis or spinal segmental instability on flexion and extension x-rays. There is discussion and imaging evidence supporting the need for wide decompression that would result in temporary intraoperative instability and necessitate fusion. However, there is evidence that a psychology consult has been requested but there is no documentation that this was completed and the injured worker cleared for surgery. Therefore, this request is not medically necessary at this time.