

Case Number:	CM15-0177295		
Date Assigned:	09/18/2015	Date of Injury:	09/18/2014
Decision Date:	10/21/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	09/09/2015

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 49-year-old male who sustained an industrial injury on 9/18/14. Injury occurred when he lifted a laundry cart. The 6/25/15 treating physician report recommended anterior cervical discectomy and fusion functional restoration program, C5 to T1 for a diagnosis of cervical spinal stenosis. The 7/2/15 lumbar spine MRI impression documented multilevel degenerative disc disease. At L4/5, there was diffuse disc bulge and mild facet hypertrophy without central canal stenosis or neuroforaminal narrowing. At L5/S1, there was a diffuse disc bulge with superimposed right paracentral disc protrusion without central canal stenosis. Disc material abutted the bilateral S1 nerve roots. There was mild neuroforaminal narrowing. The 7/27/15 treating physician report indicated that the injured worker had undergone a cervical epidural steroid injection and was doing somewhat better with his neck. He reported increasing persistent low back pain. He had undergone prior treatment with physical therapy, various medications, and injections. Physical exam documented limited lumbar range of motion and pain in flexion. He had diminished lower extremity reflexes, down going toes on Babinski, and no clonus. He had 5/5 strength and intact sensation. X-rays showed significant loss with almost complete collapse at L5/S1 with retrolisthesis at this level. There was imaging evidence of significant degenerative change at L5/S1. Authorization was requested for L5/S1 decompression and fusion with 2 day inpatient stay. The 8/7/15 utilization review non-certified a request for L5-S1 decompression and fusion with a two day inpatient stay as there were no specific objective findings to support the diagnosis of lumbar spine radiculopathy, no evidence that the injured

worker had failed lumbar corticosteroid injections, and no evidence of a psychological evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 decompression and fusion with two days inpatient stay: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Low Back.

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 recommend criteria for lumbar discectomy 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. 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. Spinal instability criteria includes lumbar inter- segmental translational 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 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. The Official Disability Guidelines state that the recommended median and best practice target for lumbar fusion is 3 days. Guideline criteria have not been met. This injured worker reported persistent low back pain that was worsening. There was no documentation of radicular symptoms. Clinical exam findings evidenced reflex changes consistent with imaging findings of nerve root compression at the L5/S1 level. However, 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 significant spondylolisthesis or spinal segmental instability on flexion and extension

x-rays consistent with guideline criteria. There is no discussion or imaging evidence supporting the need for wide decompression that would result in temporary intraoperative instability and necessitate fusion. There was no evidence of a psychosocial screen. Therefore, this request is not medically necessary at this time.