

Case Number:	CM15-0177514		
Date Assigned:	09/18/2015	Date of Injury:	10/17/1985
Decision Date:	10/21/2015	UR Denial Date:	08/14/2015
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 53-year-old female who sustained an industrial injury on 10/17/85. Injury occurred when she was cutting and lifting paper weighing 25-50 pounds, with onset of severe low back pain. She underwent left L3 and L4 hemilaminectomy, excision of herniated disc at left L4/5, and medial facetectomies and decompression of the lateral recess stenosis on the left at L3/4, and spinal fusion L4 to S1 on 3/26/86. The 7/7/15 treating physician report indicated that the injured worker had experienced increased low back pain over the past 2 years that had been recalcitrant to conservative treatment. She had developed radiating right lower extremity pain with dysesthesias over the lateral aspect and soles of both feet. There had been a significant decrease in walking tolerance over the past 2 years and she leaned forward to get relief of her back pain. Current conservative treatment had included bracing, Tylenol, and Motrin. X-rays showed fusion at L5/S1 and possible auto fusion at L4/5; though this might have been included in the previous non-instrumented fusion as there was thickening of the facet joints posterior to L4/5. There was grade 1 anterolisthesis at L3/4 with degenerative changes and loss of disc space height. The treatment plan recommended MRI. The 7/23/15 lumbar spine MRI impression documented broad based disc bulge with facet hypertrophic changes at L2/3 and L3/4 with mild narrowing of the canal to 9 mm at L3/4 as well as status post laminectomy at L5-S1. The 8/4/15 treating physician report cited significant fairly constant low back pain intermittently radiating to the posterior thighs, right greater than left, and occasionally to the right anterior thigh. She reported a few instances of right leg bucking and giving way, resulting in falls. Physical exam documented slightly antalgic gait, increased pain with lumbar range of

motion, 4+/5 right quadriceps weakness, and 5-/5 right hip flexor weakness. She reported radiating dysesthesias in the bilateral posterior thighs, the lateral borders of both feet, and occasionally the right anterior thigh. Reflexes were absent in the Achilles bilaterally, and 1+ at the patella. Lumbar MRI showed a grade 1 anterolisthesis of L3 on L4 with moderate to severe stenosis, facet hypertrophy, and posterior element hypertrophy. The diagnosis was L3/4 spondylolisthesis and stenosis with right greater than left lower extremity radiculopathy and weakness. She was having lower extremity weakness and had suffered two falls. An epidural steroid injection would only provide temporary relief and not address the weakness. Surgical intervention was recommended. Authorization was requested for re-entry laminectomy and transforaminal lumbar interbody fusion (TLIF) L3/4 with bone morphogenetic protein (BMP) and possible iliac crest bone grafting (ICBG) and a lumbar brace. The 8/13/15 utilization review non-certified the request for re-entry laminectomy TLIF L3-4 BMP possible ICBG as there was no evidence of severe disabling lower leg symptoms, lack of clear clinical, imaging and/or electrodiagnostic evidence of a lesion that would benefit from surgery, and there were conservative treatment options still available to the injured worker. The request for lumbar brace was non-certified as there was no guideline support for the use of a lumbar brace for chronic back pain and the associated surgery had not been certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Re-Entry Laminectomy TLIF L3-4 BMP Possible ICBG: 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 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, with relative angular motion greater than 15

degrees L1-2 through L3-4, 20 degrees L4-5, 25 degrees L5-S1. 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. Guideline criteria have not been met. This injured worker presents with worsening low back pain radiating into the bilateral thighs. Clinical exam findings document motor deficits and reflex and sensory changes. There is imaging evidence of central canal stenosis at the L3/4 level, with a broad-based disc bulge and facet hypertrophy. There is radiographic evidence of grade 1 anterolisthesis at L3 on L4 but there was no evidence of spinal segmental instability documented on flexion and extension x-rays. There is no discussion or imaging evidence supporting the need for wide decompression that would result in temporary intraoperative instability and necessitate fusion. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. There is no evidence of a psychosocial screen. Therefore, this request is not medically necessary at this time.

Associated Surgical Service: Lumbar Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. 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: The California MTUS guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The revised ACOEM Low Back Disorder guidelines do not recommend the use of lumbar supports for prevention or treatment of lower back pain. However, guidelines state that lumbar supports may be useful for specific treatment of spondylolisthesis, documented instability, or post-operative treatment. Guideline criteria have not been met. This injured worker is reportedly using a lumbar brace. There is no compelling rationale for support the medical necessity of a replacement brace in the absence of guideline support. Additionally, the associated surgical request is not supported. Therefore, this request is not medically necessary.