

Case Number:	CM15-0177884		
Date Assigned:	09/18/2015	Date of Injury:	04/21/2008
Decision Date:	10/21/2015	UR Denial Date:	09/01/2015
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 57-year-old female who sustained an industrial injury on 4/21/08. Injury occurred when she carried a heavy tote and experienced low back pain and bilateral leg pain. The 6/17/15 lumbar spine MRI impression documented L4/5 degenerated disc with marked decreased height, annular bulge and mild (3 mm) L4 anterolisthesis. There was marked facet arthrosis, moderate right foraminal narrowing and mild left foraminal narrowing. At L5/S1, there was mild posterior disc bulge with small central annular fissure and moderate to marked facet arthrosis. The 7/16/15 spine surgery report cited progressive low back pain radiating into the thighs. Symptoms worsened when she stood or bent over. She had been treated with multiple sessions of physical therapy, acupuncture, various medications, and epidural injections that had only provided transient relief. She had been recommended for surgery and been found unstable at L4/5. Physical exam documented a slightly antalgic based gait with good tandem walking and negative Romberg. Motor was 5/5 in all muscle groups. Sensation was intact to light touch and pain throughout. Deep tendon reflexes were 2+ and symmetrical. There was MRI evidence of grade 1 spondylolisthesis with bilateral arthropathy and a broad-based disc herniation at L4/5. There was a smaller central disc herniation at L5/S1. Her flexion/extension x-rays showed instability at L4/5. The treatment plan recommended repeat of her flexion/extension x-rays or review hard copies of her old ones. Surgery would probably involve posterior lumbar interbody fusion (PLIF) at L4/5 and L5/S1. The 8/13/15 treating physician report cited chronic lower back pain, ranging from grade 5-9/10. Lumbar spine exam documented restricted range of motion, paravertebral muscle tenderness and trigger points, L4 and L5 spinous process tenderness,

positive right facet joint loading, and positive right straight leg raise. There was 4/5 right extensor hallucis longus weakness, and hypesthesia over the lateral calf and posterior, medial and lateral thigh on the right. Achilles reflex was absent on the right. She was ready for surgery. The spine surgeon had recommended flexion/extension x-rays. Medications were prescribed and the injured worker was to continue usual and customary work. Authorization was requested for PLIF at L4/5 and L5/S1. The 9/1/15 utilization review non-certified the request for PLIF at L4/5 and L5/S1 as there was no evidence of spinal segmental instability, an objective neurologic deficit that would warrant this procedure at two levels, no evidence of recent non-operative comprehensive treatment trial/failure, and no evidence of a psychosocial screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posterior lumbar interbody fusion L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Fusion topic, Instability criteria.

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, 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 progressive low back pain radiating into both thighs. Clinical exam findings were consistent with imaging evidence of plausible neural compression at both the L4/5 and L5/S1 levels. Detailed evidence of a recent,

reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. There was evidence of a 3 mm spondylolisthesis at L4 on L5 but there was no evidence in the submitted records of spinal segmental instability consistent with guidelines. There is no discussion or imaging evidence supporting the need for wide decompression that would result in temporary intraoperative instability and necessitate fusion. There is no evidence of a psychosocial screen. Therefore, this request is not medically necessary at this time.

Posterior lumbar interbody fusion L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Fusion topic, Instability criteria.

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, 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 progressive low back pain radiating into both thighs. Clinical exam findings were consistent with imaging evidence of plausible neural compression at both the L4/5 and L5/S1 levels. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. There is no radiographic evidence of spinal segmental instability at the L5/S1 level. There is no discussion or imaging evidence supporting the need for wide decompression that would result in temporary intraoperative instability and necessitate fusion. There is no evidence of a psychosocial screen. Therefore, this request is not medically necessary at this time.