

Case Number:	CM15-0179436		
Date Assigned:	09/21/2015	Date of Injury:	12/18/2006
Decision Date:	10/26/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/11/2015

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 68-year-old male who sustained an industrial injury on 12/18/06. The mechanism of injury was not documented. Past surgical history was positive for cervical decompression and posterior lumbar interbody fusion in 2006. Records indicated that there was an L3-S1 lumbar fusion with residual left lower extremity weakness, stooped gait, and mild sensory deficits. At baseline, the injured worker had chronic pain requiring oral medications and Baclofen pain pump and used a single point cane for ambulation. He presented to the emergency room on 8/11/15 with a 3-4 week history of worsening low back pain and difficulty walking not responding to his usual pain management regime. He complained of grade 6/10 sharp low back pain radiating down both posterior legs with significant disability. He indicated that he had required a walker to ambulate for the past 1-2 weeks. Pre-operative imaging demonstrated very large herniated disc at L1/2 with fragments behind the disc space at the L1/2 level severely compressing the conus, tip of the spinal cord, and cauda equina. The 8/13/15 lumbar spine x-ray impression documented prior posterior lumbar fusion extending from L3 through S1. There was a grade 1 spondylolisthesis L2 on L3 unchanged on flexion and extension views. The 8/13/15 lumbar spine CT scan impression documented prior surgery with some loosening of the right upper lumbar screw suggested with grade 1 retrolisthesis at L2/3. The injured worker underwent complete laminectomy of L1, partial laminectomy and discectomy of L2, and screw rod fixation and stabilization at L1/2 on 8/13/15. Authorization was requested for L1/2 laminectomy, discectomy, and posterior lumbar fusion with autograft. Records indicated that this request was for the emergency surgery performed 8/13/15. The 8/28/15 utilization review non-certified the request for L1/2 laminectomy, discectomy, and posterior lumbar fusion with autograft as it was unclear if this was for the original surgery or revision surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

L1-L2 Laminectomy Lumbar Discectomy Lumbar Posterior Fusion with Autograft: Overturned

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 surgically induced segmental instability. 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 been met. This injured worker presented on an emergency basis with worsening low back pain radiating into the posterior legs with functional loss of ambulation. Signs/symptoms were consistent with imaging evidence of L1/2 disc herniation and fragmentation with compression of the cord, conus, and cauda equina. There is no radiographic evidence of spondylolisthesis or spinal segmental instability on flexion and extension x-rays. There was evidence of complete facetectomy that would result in temporary intraoperative instability and necessitate fusion. There is no evidence of any psychological issues to be addressed. He underwent emergency surgery on 8/13/15. Therefore, this request is medically necessary.