

Case Number:	CM15-0024951		
Date Assigned:	02/18/2015	Date of Injury:	12/15/1989
Decision Date:	04/01/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/10/2015

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 57-year-old male reported a work-related injury on 12/15/89. The 7/8/14 lower extremity electrodiagnostic study documented no evidence of bilateral lumbosacral radiculopathy, plexopathy or peripheral neuropathy. The 7/10/14 lumbar MRI impression documented L4/5 left paracentral 3 mm disc protrusion and mild facet arthropathy causing mild bilateral foraminal narrowing. At L5/S1, there was moderate left and mild right facet arthropathy with asymmetric 3-5 mm anterolisthesis moderately narrowing the left neural foramen. The 12/8/14 treating physician report cited increased numbness in the lower extremities. The patient was working full time and unable to take pain medications due to driving requirements. He was only taking Aleve. Previous treatments included medications, home exercise and physical therapy. Physical exam documented 4/5 weakness bilateral posterior tibial and gastrocnemius groups, absent bilateral Achilles reflexes, and intact sensory testing. The diagnoses included acquired spondylolisthesis and spinal stenosis, lumbar with neurogenic claudication. The treating provider requested anterior discectomy and fusion at L4-5 and L5-S1, posterior laminectomy decompression and instrumented arthrodesis at L4 to S1, hospital stay for 3 to 5 days, co-surgeon and surgery assistant, lumbar brace, front wheel walker and 3-in-1 commode. The 1/13/15 utilization review non-certified the request for anterior discectomy and fusion at L4-5 and L5-S1, posterior laminectomy decompression and instrumented arthrodesis at L4 to S1, hospital stay for 3 to 5 days, co-surgeon and surgery assistant, lumbar brace, front wheel walker and 3-in-1 commode, citing ACOEM Guidelines and ODG recommendations. The rationale cited non-certification based on a discrepancy between the requesting surgeon and radiologist interpreting the imaging

studies relative to the finding of spondylolisthesis of L4/5. The 2/2/15 treating physician report cited lumbar pain radiating to the left lower extremity, and starting to notice the right lower extremity with increased numbness. He had failed conservative treatment, including multiple sessions of physical therapy and steroid injections with no long-term relief. Additional imaging, including updated lumbar MRI and flexion/extension x-rays were requested to establish the medical necessity of surgery. Surgical request will be resubmitted once imaging has been reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior discectomy and fusion at L4-5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back 1½ Lumbar & Thoracic, Discectomy/Laminectomy, Fusion (spinal).

Decision rationale: The California MTUS guidelines recommend lumbar discectomy for carefully selected patients with nerve root compression due to lumbar disc prolapse. MTUS guidelines indicate that lumbar spinal fusion may be considered for patient with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis. The guidelines recommend that clinicians consider referral for psychological screening to improve surgical outcomes. The Official Disability Guidelines (ODG) recommends criteria for lumbar discectomy that include symptoms/findings that confirm the presence of radiculopathy and correlate with clinical exam and imaging findings. The ODG state that spinal fusion is recommended an option for spinal fracture, dislocation, spondylolisthesis or frank neurogenic compromise, subject to the selection criteria. Pre-operative clinical surgical indications require completion of all physical therapy and manual therapy interventions, demonstrated spinal instability, spine pathology limited to 2 levels, and psychosocial screening. For any potential fusion surgery, it is recommended that the patient refrain from smoking for at least 6 weeks prior to surgery and during the period of fusion healing. Guideline criteria have not been met. This patient presents with low back pain radiating into the lower extremities that has failed reasonable and comprehensive conservative treatment. There are clinical exam findings consistent with imaging evidence of plausible nerve root compression. There is a grade I anterolisthesis documented at L5/S1 with no documentation of current spinal segmental instability. Records indicate that current updated imaging and flexion/extension x-rays have been requested. Psychosocial screen and smoking status is not documented. Therefore, this request is not medically necessary at this time.

Associated surgical service: Hospital stay x 3-5 days: Upheld

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

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 $\frac{1}{2}$ Lumbar & Thoracic: Hospital length of stay (LOS).

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Co-surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Surgery assistant: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 $\frac{1}{2}$ Lumbar & Thoracic: Surgical assistant.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

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 ODG.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: Front wheel walker: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: 3 in 1 Commode: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Posterior laminectomy decompression and instrumented arthrodesis L4-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back i½ Lumbar & Thoracic, Discectomy/Laminectomy, Fusion (spinal).

Decision rationale: The California MTUS guidelines recommend lumbar discectomy for carefully selected patients with nerve root compression due to lumbar disc prolapse. MTUS guidelines indicate that lumbar spinal fusion may be considered for patient with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis. The guidelines recommend that clinicians consider referral for psychological screening to improve surgical outcomes. The Official Disability Guidelines (ODG) recommends criteria for lumbar laminectomy and decompression that include symptoms/findings that confirm the presence of radiculopathy and correlate with clinical exam and imaging findings. The ODG state that spinal fusion is recommended an option for spinal fracture, dislocation, spondylolisthesis or frank neurogenic compromise, subject to the selection criteria. Pre-operative clinical surgical indications require completion of all physical therapy and manual therapy interventions, demonstrated spinal instability, spine pathology limited to 2 levels, and psychosocial screening. For any potential fusion surgery, it is recommended that the patient refrain from smoking for at least 6 weeks prior to surgery and during the period of fusion healing. Guideline criteria have not been met. This patient presents with low back pain radiating into the lower extremities that has failed reasonable and comprehensive conservative treatment. There are clinical exam findings consistent with imaging evidence of plausible nerve root compression. There is a grade I anterolisthesis documented at L5/S1 with no documentation of current spinal segmental instability. Records indicate that current updated imaging and flexion/extension x-rays have been

requested. Psychosocial screen and smoking status is not documented. Therefore, this request is not medically necessary at this time.