

Case Number:	CM15-0025038		
Date Assigned:	02/17/2015	Date of Injury:	07/05/2005
Decision Date:	05/21/2015	UR Denial Date:	02/06/2015
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: California
 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:

The injured worker (IW) is a 47 year old male who sustained an industrial injury on 07/05/2005. He has reported chronic intractable low back pain and left leg pain. Diagnoses include status post prior right L4-L5 lumbar microdiscectomy in 2006, failed back surgery syndrome with residual stenosis, and low back pain. Treatment to date includes the right L4-L5 lumbar microdiscectomy in 2006, epidural steroid injections, a right L4-L5 and L5-S1 facet medial branch rhizotomy /neurotomy (05/22/2014) without improvement of low back pain, radiologic studies, consultations, and medications. A progress note from the treating provider dated 12/02/2014 indicated the lumbar range of motion was normal with normal lumbar lordosis or spinal deformity. There was paravertebral muscle spasm. The lower extremities had a full functional range of motion and muscle strength was normal. The IW had decreased sensation to pinprick and in the left lateral thigh. Decreased reflexes in the lower extremities were noted, bilateral active straight leg raise and passive right and left straight leg raise was negative. A MRI study of the lumbar spine with contrast done 10/28/2013 showed residual fibrosis and a right sided paracentral disc bulge in the right L4-5 with facet changes, and degenerative disc changes with bilateral lateral recess stenosis was present. An x-ray on the visit of 12/2 /14 showed a diminished L5-S1 disc height. The plan of treatment was for a specific discography study of the lumbar spine, and a request for an anterior lumbar interbody fusion L5-S1 and a total disc replacement at L4-5. On 02/06/2015 Utilization Review non-certified a request for anterior lumbar interbody reconstructive surgery at L4-5 and L5-S1, and posterior translaminal facet screws at L5-s1. The Official Disability Guidelines-Treatment in Workers Compensation

Guidelines (ODG-TWC) were cited. Utilization Review also non-certified a request for a Discography study Lumbar spine again citing ODG-TWC.

IMR ISSUES, DECISIONS AND RATIONALES

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

Discography study Lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines, Discography.

Decision rationale: Per the CA MTUS/ACOEM Low Back complaints, page 304, regarding discography, "Recent studies on diskography do not support its use as a preoperative indication for either intradiskal electrothermal (IDET) annuloplasty or fusion. Diskography does not identify the symptomatic high-intensity zone, and concordance of symptoms with the disk injected is of limited diagnostic value (common in non-back issue patients, inaccurate if chronic or abnormal psy-chosocial tests), and it can produce significant symptoms in controls more than a year later. Tears may not correlate anatomically or temporally with symptoms. Diskography may be used where fusion is a realistic consideration, and it may provide supplemental information prior to surgery." Therefore the request is not medically necessary.

Anterior lumbar interbody reconstructive surgery at L4-5 and L5-S1, and posterior translaminar facet screws at L5-s1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back, Fusion.

Decision rationale: The ACOEM Guidelines Chapter 12 Low Back Complaints page 307 state that lumbar fusion, "Except for cases of trauma-related spinal fracture or dislocation, fusion of the spine is not usually considered during the first three months of symptoms. Patients with increased spinal instability (not work-related) after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion. "According to the ODG, Low back, Fusion (spinal) should be considered for 6 months of symptom. Indications for fusion include neural arch defect, segmental instability with movement of more than 4.5 mm, revision surgery where functional gains are anticipated, infection, tumor, deformity and after a third disc herniation. In addition, ODG states, there is a lack of support for fusion for mechanical low back pain for subjects with failure to participate effectively in active rehab pre-op, total disability over 6 months, active psych diagnosis, and narcotic dependence. In this particular patient there is lack

of medical necessity for lumbar fusion as there is no evidence of segmental instability greater than 4.5 mm, severe stenosis or psychiatric clearance from the exam note of 1/20/15 to warrant fusion. Therefore the determination is non-certification for lumbar fusion. Therefore the request is not medically necessary.