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| Case Number: | CM15-0054302 | | |
| Date Assigned: | 03/27/2015 | Date of Injury: | 03/30/2013 |
| Decision Date: | 05/05/2015 | UR Denial Date: | 02/27/2015 |
| Priority: | Standard | Application Received: | 03/23/2015 |

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:

The injured worker is a 35-year-old female who suffered an industrial injury on 3/30/13. Injury occurred when she lifted a case of 2-liter sodas and felt a sharp pain in her back. The 7/3/14 lumbar spine MRI impression documented annular fissure at L4/5 and L5/S1, and disc desiccation at L4/5 with mild associated disc height loss at L5/S1. There was a 3.3 mm broad-based posterior disc herniation at L4/5 with prominent right paracentral protrusion indenting on the thecal sac causing crowding of the right lateral recess. The exiting nerve root was unremarkable. Facet ligamentum and flavum demonstrated normal configuration. At L5/S1, there was a 3.3 mm broad-based disc herniation indenting the thecal sac with no significant spinal or neuroforaminal narrowing. Facet ligamentum and flavum demonstrated normal configuration. Canal was unremarkable and there was no sign of lateral recess stenosis. The exiting nerve root was unremarkable. The 2/6/15 pain management report cited excellent pain relief following the 10/2/14 left L4 and L5 epidural steroid injection. Pain was currently 3/10. Physical exam documented bilateral paraspinal tenderness, negative straight leg raise and decreased left L5 distribution. The patient was doing very well and was to continue on her home exercise program and core stabilization to prevent further pain and dysfunction. The 2/10/15 initial spinal surgeon report cited low back pain radiating to the left leg with minimal improvement despite anti-inflammatories and physical therapy. She had an epidural steroid injection with temporary relief. Physical exam documented lumbar paraspinal tenderness to palpation and normal range of motion. Neurologic exam documented 5/5 lower extremity strength, 2+ patellar and Achilles reflexes, and diminished left L5 dermatomal sensation. The

diagnosis was lumbar radiculopathy with MRI findings of L4 to S1 disc herniations. The injured worker had a neurologic deficit concordant with MRI findings. Authorization was requested for L4 to S1 decompression and possible fusion. Fusion may be necessary if more than 50% of the facets have to be removed to provide adequate decompression. The 2/27/15 utilization review non-certified the request for inpatient L4-S1 decompression and fusion based on no evidence of positive provocative testing, progressive symptoms, weakness, mild atrophy, or instability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient L4-S1 Decompression and Fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306-307.

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 $i\frac{1}{2}$ 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. Guidelines indicate that lumbar spinal fusion may be considered for patient with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis. Before referral for surgery, consideration of referral for psychological screening is recommended to improve surgical outcomes. The Official Disability Guidelines recommend criteria for lumbar decompression 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. Fusion may be supported for surgically induced segmental instability but pre-operative guidelines recommend completion of all physical medicine and manual therapy interventions and psychosocial screen with all confounding issues addressed. Guideline criteria have not been met. This patient presents with low back pain radiating to the left leg. Clinical exam findings do not evidence a positive straight leg raise, or motor or reflex change. There is no imaging evidence of spinal segmental instability. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. The patient has reported excellent benefit to epidural steroid injection and home management. There is no evidence of a psychosocial evaluation. Therefore, this request is not medically necessary.