MAXIMUS Federal Services

Case Number:	CM15-0061235		
Date Assigned:	04/07/2015	Date of Injury:	09/06/1996
Decision Date:	05/22/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/31/2015

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 79-year-old female who sustained an industrial injury on 9/6/96. The mechanism of injury was not documented. Past surgical history was positive for lumbar laminectomies in 1995 and 1999. The 8/14/14 lumbar spine MRI impression documented moderate rotary levoscoliosis of the mid-lumbar spine and moderate hyperlordosis of the mid/distal lumbar spine. There was minimal retrolisthesis at L2/3 and very minimal anterolisthesis at L4/5, which were believed to be degenerative in etiology. There were wide laminectomies at L2/3, L3/4, L4/5 and L5/S1, with suspected partial facetectomies on the left at L4/5 and on the right at L5/S1. There was 2-3 mm posterior disc bulge and/or posterior disc/endplate osteophyte complexes at L2/3, L3/4, L4/5, and L5/S1. Facet arthropathy was most prominent at L4/5 on the right causing partial effacement of the lateral aspect of the thecal sac. There was mild to moderate neuroforaminal stenosis from L2/3 to L5/S1. There was moderate to severe degenerative disc disease of the lower four lumbar levels. Findings noted fairly extensive paraspinal muscle atrophy from L3 inferiorly through the upper sacrum. The 10/20/14 neurosurgical report cited frequent grade 10/10 severe back pain. She had a history of lumbar laminectomy. There are MRI findings of significant degenerative pathology in the L2 to L5 region with scar tissue and moderate to severe neuroforaminal narrowing. Physical exam documented severe pain radiating to the bilateral lower extremities, gait limited by pain, and 2+ reflexes. She had done non-surgical conservative treatment without much benefit. Surgery was recommended to include L2-L5 laminectomy with resection of scar tissue and foraminotomy. The 2/6/15 neurosurgical report cited worsening low back pain and numbness. No objective

findings were noted. She had a history of lumbar stenosis and scar tissue L2 to L5. An L2/3 to L5 laminectomy, resection of scar tissue, and foraminotomy was recommended as her best option. The 3/2/15 utilization review non-certified the request for L2-L5 laminectomy with resection of scar tissue and foraminotomy and possible discectomy. The rationale states there were findings suggestive of other issues, including levoscoliosis, hyperlordosis, and mild listhesis at 3 levels which might be worsened by decompression alone. There was insufficient information to support the medical necessity of the planned surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

L2-L5 Laminectomy and restoration of scar tissue and foraminotomy and possible discectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints.

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 Lumbar & Thoracic, Discectomy/Laminectomy.

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. Guideline criteria have not been met. This patient presents with frequent severe low back pain radiating to the bilateral lower extremities. Past surgical history was positive for wide laminectomies from L2/3 through L5/S1. There is imaging evidence of moderate to severe degenerative disc disease, facet arthropathy and moderate foraminal stenosis. There was evidence of spondylolisthesis at L2/3 and L4/5, and plausible neural compression at L4/5. However, there is limited clinical exam evidence to correlate with imaging findings. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Additionally, there is concern for the stability of the lumbar spine given the wide decompressions previously performed and noted on imaging. Therefore, this request is not medically necessary at this time.