

Case Number:	CM15-0062954		
Date Assigned:	04/08/2015	Date of Injury:	07/22/2013
Decision Date:	05/13/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/02/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 male who sustained an industrial injury on July 22, 2013. He has reported low back pain, leg, and hip pain and has been diagnosed with lumbar herniated nucleus pulposus at L3-4, L4-5/pain/radiculopathy/ sprain/sciatica. Treatment has included medical imaging, medications, pain management consultations, and lumbar steroid injection. Currently the injured worker complained of mild tenderness on palpation of the lumbar spine. The treatment plan included surgery and preoperative medical care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gill Laminec and PSF ADR L4-L, L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
 Page(s): 306.

Decision rationale: According to MTUS guidelines, direct methods of nerve root decompression include laminotomy, standard diskectomy, and laminectomy. Chemonucleolysis with chymopapain is an example of an indirect method. Indirect chemical methods are less efficacious and have rare but serious complications (e.g., anaphylaxis, arachnoiditis). Percutaneous diskectomy is not recommended because proof of its effectiveness has not been demonstrated. Recent studies of chemonucleolysis have shown it to be more effective than placebo, and it is less invasive, but less effective, than surgical diskectomy; however, few providers are experienced in this procedure because it is not widely used anymore. Surgical diskectomy for carefully selected patients with nerve root compression due to lumbar disk prolapse provides faster relief from the acute attack than conservative management; but any positive or negative effects on the lifetime natural history of the underlying disk disease are still unclear. Given the extremely low level of evidence available for artificial disk replacement or percutaneous endoscopic laser diskectomy (PELD), it is recommended that these procedures be regarded as experimental at this time. There is no clear evidence of disc prolapse requiring decompression. There is no clear and objective evidence of failure of all conservative therapies. Therefore, the request for Gill Laminec and PSF ADR L4-L, L4-L5 is not medically necessary.

Pre-operative medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website www.guideline.gov/content.aspx?id=48408.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

Decision rationale: Since the Gill Laminec and PSF ADR L4-L, L4-L5 is not medically necessary, the pre-operative medical clearance is not medically necessary.

Anterior lumbar interbody fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: According to MTUS guidelines, 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. There is no scientific evidence about the long-term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis compared with natural history, placebo, or conservative treatment. There is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. It is

important to note that although it is being undertaken, lumbar fusion in patients with other types of low back pain very seldom cures the patient. A recent study has shown that only 29% assessed themselves as much better in the surgical group versus 14% much better in the non-fusion group (a 15% greater chance of being much better) versus a 17% complication rate (including 9% life-threatening or reoperation). There is no clear evidence of spinal fracture, dislocation, or spondylolisthesis or spine instability. Therefore the request for anterior lumbar interbody fusion is not medically necessary.