

Case Number:	CM15-0066170		
Date Assigned:	04/14/2015	Date of Injury:	05/23/2012
Decision Date:	05/19/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/07/2015

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 47-year-old male who sustained an industrial injury on 5/23/12, relative to a slip and fall. Past surgical history was positive for L5 hemilaminectomy. Past medical history was positive for depression and anxiety. The 11/4/14 psychological evaluation documented a diagnosis of depression with anxiety. He was prescribed Prozac, Xanax, and Trazodone. The 1/17/13 lumbar spine MRI findings documented status post L5 hemilaminectomy, a 1-2 mm posterior disc bulge at L4/5 resulting in moderate left neuroforaminal narrowing, and a 2-3 mm posterior disc bulge at L5/S1 resulting in moderate to severe right and moderate left neuroforaminal narrowing. The 2/12/15 treating physician report cited continued severe back and leg pain. A discogram was positive at L4/5 and L5/S1 and negative at L2/3 and L3/4. Physical exam documented back spasms, positive bilateral straight leg raise; diminished Achilles reflexes bilaterally, numbness and tingling in the L4/5 and L5/S1 distribution bilaterally, and normal muscle strength. The assessment was stenosis and spondylosis with positive discogram L4/5 and L5/S1, no response to non-operative treatment. MRI showed foraminal stenosis and discogenic disease at L4/5 and L5/S1. Surgery was recommended and would require a very wide decompression which would destabilize the spine requiring a fusion. Authorization was requested for anterior/posterior decompression and fusion at L4/5 and L5/S1. The 3/27/15 utilization review non-certified the request for anterior/posterior decompression and fusion at L4/5 and L5/S1 as there was no detailed evidence of conservative treatment, no detailed neurologic exam indicating that there were motor sensory deficits consistent with the L4/5 and L5/S1 levels, and no psychological clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior/posterior decompression and fusion, L4-5 and L5-S1: 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): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar & Thoracic, Discectomy/Laminectomy, Fusion (spinal).

Decision rationale: The California MTUS guidelines recommend laminectomy for lumbosacral nerve root decompression. MTUS guidelines indicate that lumbar spinal fusion may be considered for patients with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis. Guidelines state there is no good evidence that spinal fusion alone was effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there was instability and motion in the segment operated on. Before referral for surgery, consideration of referral for psychological screening is recommended to improve surgical outcomes. The Official Disability Guidelines recommend criteria for lumbar laminotomy 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 fully met. This patient presents with severe function limiting back and leg pain. Clinical exam findings are consistent with imaging evidence of neuroforaminal stenosis. However, detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. There is no evidence of psychological clearance for spinal surgery, despite records documenting potential psychological issues. Therefore, this request is not medically necessary at this time.