

Case Number:	CM15-0066658		
Date Assigned:	04/14/2015	Date of Injury:	11/12/2013
Decision Date:	05/19/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/08/2015

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 39-year-old male who sustained an industrial injury on 11/12/13. Injury occurred when he lifted a portable pressure-washing unit from the truck. Conservative treatment had included activity modification, chiropractic, physical therapy, home exercise program, pain medication, and epidural steroid injections without sustained benefit. The 3/20/14 lumbar x-rays showed mild disc narrowing at L4/5. The 4/15/14 lumbar spine MRI revealed a shallow L4/5 disc bulge with minimal neuroforaminal encroachment. At L5/S1, there was a central disc protrusion partially effacing the anterior epidural fat with the neural foramen patent. The 6/9/14 electro diagnostic study evidenced right L5 radiculopathy. The 2/20/15 treating physician report cited low back pain with right leg numbness unchanged with significant limitation in general physical activity. Physical exam documented height 75 inches and weight 334 pounds, with a calculated body mass index greater than 41. Lumbar exam documented right paraspinal tenderness, decreased thoracolumbar range of motion due to pain, and normal gait. He had 5/5 lower extremity motor strength and no long tract findings. There was decreased sensation along the anterolateral aspect of his right lower extremity to the level of his knee. The diagnosis was degenerative disc disease, bilateral neuroforaminal stenosis, and facet hypertrophy of the L4/5 and L5/S1 levels. The treating physician noted concern for facetogenic versus discogenic pain and appealed the denial for right L4/5 and L5/S1 facet blocks. Given his failure of multiple conservative modalities, he was an appropriate candidate for posterior spinal instrumentation fusion with transforaminal interbody graft at L4/5 and L5/S1 levels. In preparation for surgery, it was recommended that he engage in an active physical conditioning regime with a goal of losing

40-50 pounds prior to surgery. The 3/26/15 utilization review non-certified the request for lumbar fusion surgery as there was no corroborating imaging evidence of nerve root compression due to disc herniation, severe stenosis, or instability. The rationale also noted there was no documentation of lumbar instability, spondylolisthesis, or fracture, and fusion was not supported for the treatment of lower back pain. Additionally, the treating physician report noted the need for the injured worker to lose 40-50 pounds and participate in a home exercise program prior to proceeding with surgery, which indicated that he had not exhausted conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posterior spinal instrumentation fusion with transforaminal interbody graft at L4-L5 and L5-S1 levels: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 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 - Lumbar & Thoracic: Fusion (spinal).

Decision rationale: The California MTUS guidelines state there was 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. The Official Disability Guidelines (ODG) state that spinal fusion is not recommended for patients who have less than six months of failed recommended conservative care unless there is objectively demonstrated severe structural instability and/or acute or progressive neurologic dysfunction. Guidelines state that spinal fusion is recommended as an option for spinal fracture, dislocation, spondylolisthesis or frank neurogenic compromise, subject to the selection criteria. Fusion is recommended for objectively demonstrable segmental instability, such as excessive motion with degenerative spondylolisthesis. Pre-operative clinical surgical indications require completion of all physical therapy and manual therapy interventions, x-rays demonstrating spinal instability, spine pathology limited to 2 levels, and psychosocial screening with confounding issues addressed. Guideline criteria have not been met. This patient presents with persistent function-limiting low back pain and right lower extremity numbness to the knee. Physical exam documented normal muscle strength and reflexes with decreased sensation over the anterolateral right thigh. There is imaging evidence of degenerative disc disease at the L4/5 and L5/S1 levels with electrophysiologic evidence of a right L5 radiculopathy. There is no radiographic evidence of spinal segmental instability documented on flexion/extension films. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. However, additional physical conditioning, weight loss, and facet injections have been recommended which suggest that conservative treatment has not been exhausted. A psychosocial screen with surgical clearance is not evidenced. Therefore, this request is not medically necessary.