

Case Number:	CM15-0067261		
Date Assigned:	04/14/2015	Date of Injury:	07/31/2012
Decision Date:	05/14/2015	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 7/31/12. Injury occurred when unloading tires from the back of his truck. He was diagnosed with L4/5 disc herniation with radiculopathy to the left lower extremity and underwent L4/5 lumbar laminectomy and discectomy on 9/5/12. Past medical history was positive for hypertension, gastritis, and smoking. The 2/21/13 lumbar spine MRI impression documented a 2 mm L1/2 broad-based disc herniation resulting in canal stenosis. At L2/3, there was a 3 mm broad-based disc herniation with posterior annular tear as well as ligamentum flavum and facet hypertrophy resulting in a spinal stenosis and bilateral neuroforaminal narrowing. At L3/4, there was a 4 mm central disc herniation, which deformed the ventral aspect of the thecal sac but did not appear to contact any descending nerve roots. There was facet and ligamentum flavum hypertrophy at L3/4, resulting in spinal stenosis and bilateral neuroforaminal narrowing. At L4/5, there was a 4 mm broad-based disc herniation with left paracentral prominence and small posterior annular tear, and facet changes and moderate severe bilateral neuroforaminal narrowing. At L5/S1, there is a 1 mm disc herniation. The 2/25/13 electrodiagnostic study evidence chronic L5 radiculopathy on the left. The 3/4/15 treating physician report cited current complaints of constant burning low back pain radiating into the left lower extremity with numbness and tingling and left gluteal pain with spasms. He reported severe lower back muscle spasms. He was not comfortable in any position and had difficulty sleeping. Physical exam findings documented flexion 40 degrees, extension 10 degrees, and positive Milgram's and Valsalva's tests. There was decreased sensation over the left anterior and posterior leg. The treating physician reported that

the injured worker had been seen on 4/24/13 by the orthopedic surgeon who recommended lumbar spine decompression and fusion. This request had been denied and the injured worker had not proceeded with surgery. A recent agreed medical evaluation had also recommended fusion. The patient would be referred back to the surgeon once surgery was approved and had been referred for psyche testing. Authorization was requested for a lumbar spine fusion. The 3/26/15 utilization review non-certified the request for lumbar spine fusion as there was no updated imaging demonstrating spinal instability, no psychological clearance for surgery, no evidence of smoking cessation, and no report from the operating surgeon with his exam findings and his own recommendation for a lumbar spinal fusion procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar fusion surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 305, 307, 310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Lumbar & Thoracic (Acute & Chronic).

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 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 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. 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 injured worker presents with low back pain radiating to the left lower extremity with numbness and tingling and severe low back spasms. Clinical exam finding did not evidence acute or progressive neurologic dysfunction. There was no imaging or radiographic evidence of spinal segmental instability. There was evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure. However, there was no evidence of psychosocial evaluation and clearance for surgery. Additionally, the requested level of fusion and the specifics of the surgery should be recommended by the operating surgery. Therefore, this request is not medically necessary.