

Case Number:	CM15-0067380		
Date Assigned:	04/15/2015	Date of Injury:	04/27/2012
Decision Date:	05/19/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/09/2015

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 26-year-old female who sustained an industrial injury on 4/27/12. The mechanism of injury was not documented. The 3/5/13 lumbar spine MRI impression documented a 3-4 mm central focal disc protrusion at L3/4 with some central canal stenosis. At L4/5, a focal right 4 mm disc protrusion was likely compressing and at a minimum displacing the right traversing nerve root. The central canal and neural foramen were adequately patent and the posterior elements were unremarkable. The 5/2/14 electrodiagnostic study findings evidenced a moderate acute right L5 radiculopathy. Conservative treatment included epidural steroid injections, medications, trigger point injections, weight loss, and physical therapy without sustained relief. The 2/20/15 orthopedic consult report cited grade 6/10 persistent low back pain radiating to the right leg. Conservative treatment had provided only temporary relief. Physical exam findings documented lumbar paraspinal and spinous process tenderness to palpation, with full lumbar range of motion. Neurologic exam documented 5/5 strength, diminished right L4 sensation, 2+ and symmetrical deep tendon reflexes, negative ankle clonus, and negative straight leg raise. The assessment was L3 to L5 disc protrusions with lumbar radiculopathy. The treatment plan recommended L3 to L5 decompression and possible fusion. The 3/17/15 utilization review non-certified the request for L3-L5 decompression and fusion, however the rationale was not provided in the submitted records. The 3/16/15 appeal letter stated that the lumbar MRI specifically showed a disc protrusion indenting the thecal sac at L3/4 and L4/5, and that it displaced and/or compressed the traversing nerve root at L4. This is concordant with EMG studies that showed L5 radiculopathy. Decompression is needed because of the stenosis at L4/5.

The injured worker had failed more than 6 months of conservative treatment and may require decompression at L3/4 as well based on the intraoperative findings. The orthopaedic surgeon stated that if more than 50% of the facets have to be removed in order to decompress the nerve roots, a fusion might also be necessary. Authorization was requested for L4 through L5 decompression, possible L3 to L4 decompression, and possible L4 through L5 fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Lumbar) L3-L5 Decompression and Possible Fusion: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 lumbar decompression surgery for 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. Before referral for surgery, consideration of referral for psychological screening is recommended to improve surgical outcomes. The Official Disability Guidelines recommend criteria for lumbar decompression 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 met. This injured worker presents with persistent and function-limiting low back and right lower extremity pain. Clinical exam findings evidenced decreased right L4 sensory deficit consistent with imaging findings of L4 nerve root compression. There is electrodiagnostic evidence of acute L5 radiculopathy. There is no clear imaging documentation of central canal or neuroforaminal stenosis at L4/5. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. The orthopaedic surgeon has opined the potential need for wide decompression that may result in temporary intraoperative instability. However, there is no evidence of a psychosocial screen or psychological clearance for possible lumbar fusion surgery. Therefore, this request is not medically necessary.