MAXIMUS Federal Services

Case Number:	CM15-0067797		
Date Assigned:	04/15/2015	Date of Injury:	07/06/1993
Decision Date:	05/19/2015	UR Denial Date:	03/16/2015
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 53-year-old male who sustained an industrial injury on 7/6/93. Injury occurred when he twisted to catch a stop sign that was falling. Past surgical history was positive for a modified Gill procedure with lateral mass, L5/S1 fusion on 11/30/93, L4/5 percutaneous microdiscectomy on 9/6/95, and bilateral extensive foraminotomy L4/5 and L5/S1, and L4 to S1 bilateral fusion with internal fixation on 7/30/99. Conservative treatment has included activity modification, medications, bracing, home exercise, epidural steroid injection, and cane use. The 11/28/14 lumbar spine MRI impression documented previous bilateral laminotomies at L4/5 and L5/S1 without significant epidural fibrosis. There was anterior listhesis at L5/S1 resulting in severe bilateral neuroforaminal stenosis without significant spinal canal stenosis, and moderate spinal canal stenosis at L3/4 resulting from facet arthropathy. The 1/28/15 electrodiagnostic study documented exam findings of decreased lumbar range of motion, normal lower extremity muscle strength, symmetrical deep tendon reflexes, and negative straight leg raise test. The impression noted an abnormal study with electrical evidence for chronic bilateral lower lumbar radiculopathy, worse at the S1 level on the left. The 2/23/15 treating physician report cited constant grade 6-8/10 low back pain radiating into both buttocks and anterior and posterior thighs, to the feel bilaterally, left greater than right. Pain was aggravated by twisting, turning, lifting, carrying, walking, prolonged sitting, driving for greater than 5 minutes, bending and stooping, ascending/descending stairs, and cold damp weather. Pain was alleviated by prescription medications, ice, heat, rest and avoidance, pacing, activity tolerance, and massage. There was numbness and tingling in the legs, ankles, and toes, mostly on the left. Physical exam

documented the injured worker stood in a slightly forward flexed position of about 5 degrees, and the left leg was unloaded with a shift to the right. There was near normal lordosis. There were moderate paravertebral muscle spasms, moderate tenderness to percussion at the pelvic brim and junction, and bilateral sciatic notch tenderness, all greater on the left. Range of motion documented flexion 30, extension 5, rotation 15/10, and lateral bending 15/15 degrees with moderate discomfort in all movements. Extension and rotation to either side caused contralateral discomfort. Gait with cane was moderately antalgic with a shortened stride with moderate limp on the left. Heel and toe walking were moderately painful in the low back and bilateral feet. The 1/29/14 electrodiagnostic study demonstrated bilateral lower lumbar radiculopathy, worse at the S1 level on the left. The treating physician report indicated that the injured worker continued to experience significantly increased pain and marked limitation in range of motion and chronic lumbar radiculopathy bilaterally, worse at the S1 level on the left. The December 2014 lumbar spine MRI showed bilateral foraminal stenosis, and warrants surgical decompression. The injured worker was taking Zoloft to help control his depressive symptoms which he experienced as a result of chronic pain. The 3/16/15 utilization review non-certified the request for lumbar spine decompression as the level for decompression or specific surgical planning was not defined. Additionally, there was no discussion from the treating physician as to whether surgery would cause temporary intraoperative instability necessitating fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine Decompression: 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.

Decision rationale: The California MTUS recommend surgical consideration when there is severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise. Guidelines require clear clinical, imaging and electrophysiologic evidence of a lesion that has been shown to benefit both in the short term and long term from surgical repair. The guidelines recommend that clinicians consider referral for psychological screening to improve surgical outcomes. The Official Disability Guidelines recommend criteria for lumbar discectomy 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. Guideline criteria have not been fully met. The patient presents with low back pain with lower extremity symptoms consistent with electrophysiologic evidence of bilateral S1 radiculopathy, worse on the left. There is dermatomal sensory loss consistent with S1 radiculopathy, but no evidence of motor deficit or reflex change. There is imaging evidence of significant foraminal stenosis at L5/S1 and

moderate foraminal stenosis at L3/4. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. However, the specific surgical plan with the level of decompression is not provided in the documents submitted. This information is required to determine medically necessary. Therefore, this request is not medically necessary.

Related to surgery: Hospital inpatient stay of three to four days: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back ï¿½ Lumbar & Thoracic: Hospital length of stay (LOS).

Decision rationale: As the surgical request is not supported, this request is not medically necessary.

Related to surgery: Vascutherm intermittent PCD: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Venous Thrombosis.

Decision rationale: As the surgical request is not supported, this request is not medically necessary.