

Case Number:	CM15-0069740		
Date Assigned:	04/17/2015	Date of Injury:	02/04/2014
Decision Date:	05/22/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/13/2015

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 59-year-old male who sustained an industrial injury on 2/4/14, relative to a slip and fall. Past medical history was positive for diabetes mellitus, blood thinners, and 35-year smoking status. The 10/29/14 lumbar spine x-rays, including flexion/extension views, documented discogenic spondylosis of the thoracic and lumbar spine, apophyseal joint arthrosis L4/5 and L5/S1, anterior shift of the lumbar gravity line, and left thoracolumbar convexity. The 11/13/14 electro-diagnostic study conclusion reported findings suggestive of bilateral chronic active L5/S1 radiculopathy. The 12/23/14 electro-diagnostic study impression documented no evidence of lumbosacral radiculopathy, plexopathy or peripheral nerve entrapment. The 2/27/15 treating physician report cited low back pain with moderate to severe distress. The injured worker coughed and set off severe back spasms. Physical exam indicated the injured worker exhibited severe pain behavior that was acute and legitimate. He had waist asymmetry and range of motion was 10-15% of expected. There was severe restriction in his ability to stand, sit, and walk. There was lumbosacral junction tenderness. He had an antalgic, almost waddling, gait with Trendelenburgs sign. There was numbness on the lateral calf and first dorsal interspace. He was not able to stand on his toes or balance on his heels. MRI of the lumbar spine showed central and neuroforaminal stenosis at L3/4 and L4/5, with degenerative changes at the lumbosacral junction. The diagnosis was lumbar radiculopathy with motor and sensory deficits, left greater than right, severe intractable lumbago, and degenerative disc disease at L3/4, L4/5, and L5/S1. Authorization was requested for an urgent lumbar laminectomy L3-S1 with instrumented fusion L4/5 and L5/S1 for central subarticular and neuroforaminal stenosis. The 3/30/15 utilization

review non-certified the request for lumbar laminectomy L3-S1 with instrumented fusion L4/5 and L5/S1 for central subarticular and neuroforaminal stenosis and associated requests as the injured worker did not have significant findings to support the medical necessity of fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical services: Pre-op medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.guideline.gov/content.aspx?id=48408>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p.

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

Associated surgical services: Inpatient stay, 2-3 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hospital length of stay (LOS).

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 ½ Lumbar & Thoracic: Hospital length of stay (LOS).

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

Lumbar laminectomy L3-S1 and instrumented fusion L4-L5, L5-S1 for central subarticular & neuroforaminal stenosis: 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 ½ 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 laminectomy for lumbar spinal stenosis. Surgical indications include imaging evidence with concordance between radicular findings on radiologic evaluation and physical exam 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 is recommended for objectively demonstrable segmental instability, such as excessive motion with degenerative spondylolisthesis. Fusion may be supported for surgically induced segmental instability. 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. For any potential fusion surgery, it is recommended that the patient refrain from smoking for at least 6 weeks prior to surgery and during the period of fusion healing. Guideline criteria have not been met. This injured worker presents with complaints of significant low back pain and severe spasms. There were clinical exam findings consistent with EMG evidence of potential L5/S1 radiculopathy. Imaging documented central and neuroforaminal stenosis at C3/4 and C5/6 with degenerative L5/S1 changes. However, there is no detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure. There is no radiographic evidence on flexion/extension x-rays of spinal segmental instability. There is no psychosocial screening or psychology clearance for surgery evidenced. The patient is reported as a 35-year smoker with no documentation of smoking cessation. Therefore, this request is not medically necessary.