

Case Number:	CM15-0070342		
Date Assigned:	04/20/2015	Date of Injury:	11/09/2012
Decision Date:	06/11/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/14/2015

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 34-year-old male who sustained an industrial injury on 11/9/12. Injury occurred while moving parts weighing 60 pounds. The 10/16/14 treating physician permanent and stationary report documented a 3/29/13 lumbar spine MRI which revealed multilevel disc disease with an L4/5 2 mm disc herniation and an L5/S1 4 mm disc herniation abutting the S1 nerve roots without displacement. Subjective complaints included constant moderate low back pain radiating into the left leg, associated with numbness, tingling, and weakness. Physical exam documented paralumbar muscle pain to palpation with muscle guarding and spasms. Lumbar range of motion was mild to moderately limited in flexion and extension, with positive left straight leg raise. There was decreased sensation in his left calf. Extensor hallucis longus strength was reported normal. He complained of drop foot on the left. Left Achilles reflex was diminished and there was left quadriceps atrophy. The diagnosis was lumbar sprain/strain with disc herniation at L5/S1, associated with radiculopathy in the left lower extremity and L4/5 disc herniation. Future medical included care for flare-up and possible surgery with decompression and fusion at L5/S1. The 3/11/15 treating physician report cited grade 8-9/10 low back pain radiating into the left lower extremity. Physical exam documented decreased L5/S1 sensation, positive straight leg raise, and L3-L5 tenderness. The remainder was illegible. The treatment plan included lumbar MRI update, Norco, Ambien, and surgical consult. The 3/17/15 orthopaedic surgery report cited grade 8/10 lower back pain and grade 6/10 bilateral leg pain, left worse than right. Pain was aggravated by weight bearing, walking, standing, bending over, prolonged sitting, and lifting his legs. He had weakness and numbness with tingling in the left leg. Cough, strain, and sneeze effect were positive for low back pain reproduction. He had been treated conservatively with 2 lumbar epidural steroid injections, bracing, TENS unit, naproxen, Duexis, 16 sessions of physical therapy, acupuncture, tramadol

and gabapentin. Physical exam was reported unchanged. MRI showed a 3 mm disc herniation at L4/5 and L5/S1 extending into the foramen, and degenerative disc disease at these levels. Congenitally short pedicles caused some stenosis. The injured worker preferred a surgical treatment, which would include L4 to sacrum decompression and transforaminal lumbar interbody fusion. The 4/8/15 utilization review non-certified the request for L4 to sacrum decompression and transforaminal lumbar interbody fusion as there was no indication of instability or significant nerve root compromise, and electro diagnostic studies were negative.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4 to sacrum decompression transforaminal interbody fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 307. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 decompression surgery 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. 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 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. Guideline criteria have not been met. This patient presents with low back pain radiating to both lower extremities, left greater than right, with associated numbness, tingling, and weakness. Clinical exam findings are consistent with imaging evidence of nerve root impingement at S1. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. However, there is no radiographic evidence of spinal segmental instability. There is no indication of the need for wide decompression that would result in temporary intraoperative instability. There is no evidence of psychosocial screening. Therefore, this request is not medically necessary.

