

Case Number:	CM15-0071180		
Date Assigned:	04/21/2015	Date of Injury:	04/04/2013
Decision Date:	05/22/2015	UR Denial Date:	04/07/2015
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 was a 62-year-old female who sustained an industrial injury on 4/4/13. Injury occurred when she lost her balance on an uneven surface. Past surgical history was positive for L4/5 decompression surgery in 2000. The 11/7/13 lumbar spine MRI impression documented loss of intervertebral disc height and disc desiccation changes at L2/3, L3/4, and L4/5 with straightening of the lumbar lordosis. Findings documented status post prior discectomy with probable right sided hemilaminotomy at L4/5. At the L4/5 level, there was a recurrent right greater than left paracentral and left lateral 4.8 mm disc protrusion. This extended to the lateral recess and neural foramen impressing upon the exiting right L4 and traversing right L5 nerve root. There was moderate lateral spinal and neuroforaminal stenosis. Conservative treatment had included chiropractic, lumbar support, physical therapy, right L5 selective nerve root block, and L5/S1 epidural steroid injection. X-rays on 7/28/14 showed severe L4/5 degenerative disc disease. The 3/4/15 treating physician report cited grade 7/10 low back pain, which had decreased since the last visit. Physical exam documented tenderness to palpation over the lumbar paraspinal muscle, restricted range of motion, and positive bilateral straight leg raise. The diagnosis included lumbar spine musculoligamentous sprain/strain with radiculopathy and disc protrusion, status post lumbar spine surgery in 2000, sleep disturbance secondary to pain, and situational depression/anxiety. The treatment plan recommended continued medications, physical therapy on hold, and referral for spine surgery consultation. The 3/24/15 orthopedic surgery report cited grade 7/10 low back pain radiating to both lower extremities. She had minimal improvement over the past two years despite anti-inflammatories, physical therapy, and epidural

injections. Physical exam documented paraspinal tenderness to palpation, and normal lumbar range of motion. There was normal lower extremity motor function and deep tendon reflexes were 2+ and symmetrical. There was diminished sensation over the bilateral L5 dermatomes. There was negative ankle clonus. Straight leg raise testing was negative. The treatment plan recommended L4/5 decompression and fusion, since the additional decompression with cause iatrogenic instability, which will require stabilization. The 4/7/15 utilization review non-certified the request for L4/5 decompression and fusion surgery and associated post-op physical therapy as there was no evidence of a psychological evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 Decompression and Fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Postsurgical Treatment Guidelines.

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 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. Before referral for surgery, consideration of referral for psychological screening is recommended to improve surgical outcomes. The Official Disability Guidelines recommend criteria for lumbar laminectomy 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. 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 persistent lower back pain radiating both lower extremities. Clinical exam findings are consistent with imaging findings of recurrent disc herniation with lateral recess and neuroforaminal stenosis. She is status post prior hemilaminotomy at the same level and the orthopedic surgeon has reported that further decompression with result in temporary intraoperative instability. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. However, there is documentation of potential psychological issues noted by the primary treating physician and no evidence of psychology clearance. Therefore, this request is not medically necessary at this time.

Post-Operative Physical Therapy (16 sessions for the low back): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.