

Case Number:	CM15-0071376		
Date Assigned:	04/21/2015	Date of Injury:	10/07/2013
Decision Date:	07/15/2015	UR Denial Date:	03/17/2015
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 48-year old male, who sustained an industrial injury on 10/7/13. Injury occurred when he lost his grip while descending a ladder and fell backwards off the ladder a distance of 10 feet. He landed on his feet, then fell to his left side. Past surgical history was positive for hypertension and depression and anxiety. Past surgical history was positive for right knee surgery in 2007, and left shoulder rotator cuff surgery on 9/29/14. The 10/14/14 initial spine surgery report cited grade 7/10 low back pain radiating to the left leg. Conservative treatment had included anti-inflammatories and physical therapy with minimal improvement. Lumbar spine exam documented paraspinal tenderness, normal range of motion, normal lower extremity strength, and 2+ and symmetrical deep tendon reflexes. There was diminished left L4 dermatomal sensation. Lumbar MRI was reviewed and showed L4/5 broad stenosis. The treatment plan recommended L4/5 decompression and fusion, but stated the injured worker was not interested in surgery at this time. The 11/3/14 lumbar spine x-rays revealed a large left lateral osteophyte at L2/3, mild to moderate degenerative changes at L2/3 with increased endplate sclerosis and anterolateral osteophyte formation, and mild osteophytic formation at L3/4, L4/5, and L5/S1. There was no evidence of spondylosis or spondylolisthesis. The 1/7/15 lumbar spine MRI impression documented disc desiccation from T12/L1 through L5/S1 with associated disc height loss at L5/S1, and Modic type II endplate changes at the superior endplates of L3 down to S1 and inferior endplates of L2 down to L5. At L1/2, there was a broad-based disc herniation causing spinal canal stenosis and left neuroforaminal narrowing. At L2/3, there was diffuse disc herniation with facet joint and ligamentum flavum hypertrophy causing spinal canal stenosis and bilateral neuroforaminal narrowing. There was bilateral lateral recess stenosis with contact on the bilateral L3 transiting nerve roots. At L3/4, there was diffuse disc

herniation with facet joint and ligamentum flavum hypertrophy causing spinal canal stenosis and bilateral neuroforaminal narrowing. There was bilateral lateral recess stenosis with contact on the bilateral L4 transiting nerve roots. At L4/5, there was a broad-based disc herniation with facet joint and ligamentum flavum hypertrophy causing spinal canal stenosis and neuroforaminal narrowing. There was bilateral lateral recess stenosis with deformity of the bilateral L5 transiting nerve roots. At L5/S1, there was a broad-based disc herniation with facet joint and ligamentum flavum hypertrophy causing spinal canal stenosis and neuroforaminal narrowing. There was bilateral lateral recess stenosis with contact on the left L5 transiting nerve root. On 2/12/15, the spine surgeon requested authorization for urgent L4-5 decompression and fusion and urgent post-operative physical therapy 2 times a week for 8 weeks for 16 sessions. The 3/17/15 utilization review non-certified the request for L4/5 decompression and fusion, and associated post-operative physical therapy, as there were not significant exam findings documented in the clinical records provided and there was no psychosocial screen. The 3/19/15 spine surgery appeal stated that there was diminished sensation over the L4 dermatome concordant with imaging findings. He reported that a fusion may be necessary if he needed to remove more than 50% of the facets, which would cause iatrogenic instability.

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.

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 $\frac{1}{2}$ Lumbar & Thoracic, Discectomy/Laminectomy, Fusion (spinal).

Decision rationale: The California MTUS guidelines recommend laminotomy, laminectomy, and discectomy 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 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 injured worker presented in October 2014 with complaints of low back pain radiating to the left leg. Physical exam documented diminished left L4 dermatomal sensation which does not fully correlate with nerve root involvement on imaging. The potential need for wide decompression has been documented by the treating physician. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Additionally, records documented depression and anxiety with no psychosocial screen evidenced. Therefore, this request is not medically necessary at this time.

Post-op physical therapy 2xwk x 8wks Qty 16: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

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