

Case Number:	CM15-0073104		
Date Assigned:	04/23/2015	Date of Injury:	05/06/1993
Decision Date:	06/11/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/16/2015

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 42-year-old female who sustained an industrial injury 5/6/93. The mechanism of injury was not documented. Records indicated that the 4/14/14 lumbar spine MRI showed mild lower lumbar spondylosis, unchanged from prior study, and a low lying conus. A disc protrusion was noted to abut the traversing S1 nerve roots but did not appear to displace them. Conservative treatment documented in the available records was limited to medication management. The 9/23/14 electrodiagnostic study was reported as unremarkable with no evidence of a lumbosacral radiculopathy or lower extremity peripheral entrapment neuropathy. The 10/13/14 neurosurgeon report indicated that the injured worker had chronic lower back pain. The EMG/NCV was unremarkable for any radiculopathy or plexopathy. An L5/S1 anterior lumbar interbody fusion was recommended for chronic low back pain secondary to L5/S1 degenerative disc disease. The 1/2/15 treating physician report cited continued intractable back pain radiating diffusely into both legs. She was unable to walk even short distances. Medications have been problematic. She was using Celebrex, Neurontin, Norco and Cymbalta regularly and Valium occasionally. Physical exam documented very slow antalgic gait, moderately advanced loss of lumbar flexion, +1 spasms, positive straight leg raise, and absent ankle jerks. There was no muscle weakness documented. She had MRI evidence of significant spondylosis. Review of the recent EMG and surgeon reports were pending. The 2/23/15 treating physician report cited agreement with the surgeon that the injured worker would be best served by a surgical approach for her intractable back pain and inability to function due to pain. The 3/17/15 utilization review non-certified the request for L5/S1 anterior lumbar interbody fusion based on an absence of

clear clinical or imaging evidence of radiculopathy, no radiographic evidence of instability, no indication that there has been any recent conservative treatment, and there was no report of a psychological evaluation. A 4/23/15 treating physician report letter indicated that the injured worker had significant lumbar spondylosis, and surgery had been recommended for intractable pain. She had been treated with multiple medications, including Norco, Celebrex, Gabapentin, Ambien, Flector patches, Valium, and Cymbalta to try to maintain some function pending neurosurgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery- L5-S1 anterior lumbar interbody fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back; Integrated Treatment/Disability Duration 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: Fusion (spinal).

Decision rationale: The California 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 was 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. The Official Disability Guidelines (ODG) state that spinal fusion is not recommended for patients who have less than six months of failed recommended conservative care unless there is objectively demonstrated severe structural instability and/or acute or progressive neurologic dysfunction. Guidelines state that spinal fusion is recommended as an option for spinal fracture, dislocation, spondylolisthesis or frank neurogenic compromise, subject to the selection criteria. 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 intractable low back pain radiating diffusely into both legs. Significant functional difficulty was reported. Clinical exam findings are consistent with reported imaging evidence of plausible S1 nerve root compression. However, there is no radiographic evidence of spinal segmental instability. There is no discussion by the neurosurgeon regarding indications for wide decompression which would result in temporary intraoperative instability necessitating fusion. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. A psychosocial screen is not evidenced. Therefore, this request is not medically necessary at this time.