

Case Number:	CM15-0075904		
Date Assigned:	04/27/2015	Date of Injury:	01/16/2012
Decision Date:	05/27/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/21/2015

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 39-year-old male who sustained a work related injury on 1/16/12. He underwent a lumbar laminectomy at L4/5 and L5/S1 in April 2013. The 1/15/15 lumbar spine MRI impression documented status post left L5 hemilaminectomy and microdiscectomy. There was no evidence of significant residual or recurrent disc protrusion. There was a small circumferential disc bulge and mild facet arthropathy, with no significant central canal narrowing. There was minimal effacement of the left lateral recess and mild bilateral neuroforaminal narrowing. The 1/30/15 treating physician report cited continued low back pain radiating into the left buttock and posterolateral aspect of the leg. Physical exam documented limited lumbar range of motion secondary to pain and positive right straight leg raise. Imaging showed left foraminal stenosis at L5/S1 with asymmetric collapse to the left with associated Modic changes. A selective nerve root block at L5/S1 was planned to confirm L5 was the pain generator. He opined that a revision laminectomy would not be enough given the degree of collapse. X-rays showed cantilevered into the left with asymmetric collapse at L4/5, and his whole spine seems to be tilted on these upright x-rays. The 3/6/15 treating physician report cited back pain ranging from 2-3 on average to grade 7-8/10 at worst. The injured worker had undergone an L5/S1 selective nerve root block on 3/5/15 which took away the vast majority of his leg pain for the length of the anesthetic. Physical exam documented normal gait, no tenderness to palpation over the lumbar spine, and limited lumbar range of motion secondary to pain. There was 5/5 lower extremity strength with intact sensation and negative clonus. Straight leg raise was positive on the left. The treating physician indicated there was imaging evidence of foraminal stenosis at

L5/S1 with asymmetric collapse. As the injured worker had L5 radiculopathy confirmed by selective nerve root block, an interbody fusion was recommended. The 4/3/15 utilization review non-certified the request for transforaminal lumbar interbody fusion at L5/S1 as there was no documentation of instability and there was only mild foraminal narrowing noted on MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal lumbar interbody fusion, L5-S1: 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 - Lumbar & Thoracic, Fusion (spinal).

Decision rationale: The California MTUS 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. Fusion is recommended for objectively demonstrable segmental instability, such as excessive motion with degenerative spondylolisthesis. 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 radiculopathy into the left lower extremity. A recent L5 selective nerve root block resolved the left lower extremity pain but not the back pain. Clinical exam findings did not evidence neurologic dysfunction. There was no imaging evidence of spinal segmental instability to support the medical necessity of fusion. Additionally, there was no documentation of a psychosocial screening or psychological clearance for surgery. Therefore, this request is not medically necessary.