

Case Number:	CM15-0076469		
Date Assigned:	04/28/2015	Date of Injury:	05/06/2013
Decision Date:	05/28/2015	UR Denial Date:	04/17/2015
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 50 year old female, who sustained an industrial injury on 5/06/13. Injury occurred working with patients as a registered dental assistant. The 6/25/13 electrodiagnostic documented showed an L5/S1 radiculopathy. She underwent L3/4 and L4/5 laminectomy on 9/16/14 and underwent post-operative physical therapy. She continued to complain of left foot numbness. The 3/3/15 lumbar spine MRI findings documented diffuse disc bulging at L3/4 with bilateral facet arthropathy and slight ligamentum flavum redundancy. The spinal canal was patent. There was mild right and no significant left lateral recess stenosis, moderate left and mild right neuroforaminal encroachment. The degree of right sided neuroforaminal encroachment had very slightly increased from the prior study. At L4/5, there was prior posterior decompression with patent thecal sac, extensive bilateral facet arthropathy, slight ligamentum flavum redundancy, and moderate bilateral neuroforaminal encroachment without significant change from the prior study. There was no advanced lateral recess stenosis noted. There was a tiny synovial cyst along the posterolateral margin of the right facet new since the prior study. At L5/S1, there was a minimal disc bulge that slightly effaced the ventral thecal sac, with no advanced spinal canal or lateral recess stenosis, and very mild bilateral neuroforaminal encroachment. The 4/02/15 treating physician report cited constant grade 8/10 low back pain radiating down both lower extremities with persistent left foot numbness, urinary incontinence and poor walking endurance. Physical exam documented left antalgic gait, normal heel/toe walk, and normal pain free range of motion. Neurologic exam documented intact sensation, symmetric patellar and Achilles reflexes with no clonus, and normal muscle strength. The patient continued

walking with walking sticks. MRI showed multilevel degenerative change including disc bulging which resulted in variable levels of lateral recess and bilateral neuroforaminal encroachment. The degree of right neuroforaminal encroachment at L3/4 had slightly increased from prior study. There was interval posterior decompression at L4. Flexion/extension lumbar x-rays showed no evidence of instability with dynamic maneuvers. The treating physician report opined that the stenosis at L3/4 and L4/5 had recurred and progressed. The plain films showed a slight anterolisthesis of L4 on L5 in flexion, and early recurrent stenosis indicated instability at both levels. A request for authorization of L3-L4 and L4-L5 laminectomy and fusion with BMP and banked bone and an associated 2 day inpatient hospital stay at Salinas Valley Memorial was submitted. The 4/17/15 utilization review non-certified the request for L3/4 and L4/5 laminectomy and fusion surgery with associated surgical requests as there was no clinical exam findings of sensory, motor or reflex deficits, and no evidence of instability to warrant fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-4 L4-5 laminectomy & fusion with BMP and Banked Bone: 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, Low Back Chapter.

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 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 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 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 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 injured worker presented with low back pain radiating into the lower extremities with persistent left foot numbness and complaints of urinary incontinence. She was 7-months status post L3/4 and L4/5 laminectomy and post-operative rehabilitation without improvement. There was imaging evidence of mild to moderate neuroforaminal encroachment at L3/4 and L4/5. However, clinical exam did not evidence a neurologic deficit or positive nerve tension sign. There was no specific imaging documentation of nerve root impingement. Flexion/extension x-rays documented no

evidence of instability with dynamic maneuvers. There was no documentation of a psychosocial screen or clearance for fusion surgery. Therefore, this request is not medically necessary.

Associated surgical service: Hospital inpatient stay- 2 nights: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, hospital length of stay guidelines: Lumbar Spine.

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 $\frac{1}{2}$ Lumbar & Thoracic: Hospital length of stay (LOS).

Decision rationale: As the surgical request is not supported, this request is not medically necessary.