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| Case Number: | CM15-0090153 | | |
| Date Assigned: | 05/14/2015 | Date of Injury: | 12/01/1999 |
| Decision Date: | 06/22/2015 | UR Denial Date: | 04/24/2015 |
| Priority: | Standard | Application Received: | 05/11/2015 |

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 55-year-old male who sustained an industrial injury on 12/1/99. The mechanism of injury was not documented. Past surgical history was positive for anterior cervical fusion at C4-7, and L2/3 and L5/S1 global fusions with posterior hardware removed at both lumbar levels. The 12/18/13 lumbar spine MRI documented degenerative facet hypertrophy causing right sided foraminal narrowing at L4/5 and L5/S1. Bilateral L4-S1 transforaminal epidural steroid injections were performed on 1/16/14. The 1/21/14 lumbar spine CT scan documented interval removal of the bilateral posterior spinal fusion rods at L2/3, stable solid anterior fusion at L2/3, and stable anterior and posterior bony fusion at L5/S1. There were stable laminectomy changes at L4/5 through L5/S1, no significant bony canal narrowing at any level, and stable mild bilateral foraminal narrowing at L4/5. Records indicated that a request for right L4/5 decompression and foraminotomy was authorized on 3/3/14. He subsequently underwent redo L4/5 partial facetectomy and lateral foraminotomy on 7/8/14. The 10/14/14 pain management report cited grade 8/10 low back pain, right greater than left, with intermittent right lower extremity pain and numbness. A right sacroiliac joint injection was performed to determine the source of pain. Initial response documented reduction in pain to grade 0-1/10. The 10/21/14 treating physician report cited grade 6/10 low back pain with positive short-term response to sacroiliac joint injection and planned sacroiliac joint fusion. Physical exam documented pain to palpation over the bilateral L4-S1 facet capsules and positive provocative sacroiliac testing. Neurologic exam was reported within normal limits. The injured worker underwent revision C5/6 cervical fusion and C3/4 total disc arthroplasty on 1/6/15. The 2/23/15

treating physician report indicated the injured worker was recovering well from cervical surgery. He had no changes in bowel or bladder function, no problems with balance, gait or coordination. X-rays showed hardware in place without signs of failure. The 4/24/15 utilization review non-certified the request for right L4-L5 decompression and foraminotomy as there were no neurologic motor or sensory changes noted and no significant MRI findings documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Right L4-L5 Decompression/Foraminotomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Laminectomy/Laminotomy.

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.

Decision rationale: The California MTUS recommend surgical consideration when there is severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise. Guidelines require clear clinical, imaging and electrophysiologic evidence of a lesion that has been shown to benefit both in the short term and long term from surgical repair. The guidelines recommend that clinicians consider referral for psychological screening to improve surgical outcomes. The Official Disability Guidelines recommend criteria for lumbar discectomy 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. Guideline criteria have not been met. This patient underwent revision L4/5 partial facetectomy and lateral foraminotomy on 7/8/14. Certification on 3/3/14 for a right L4/5 decompression and foraminotomy was noted in the records. Records documented subsequent grade 8/10 low back pain with intermittent right lower extremity pain and numbness. A right sacroiliac joint injection was performed on 10/14/14 with temporary pain reduction and recommendation for sacroiliac joint fusion. There are no post-operative x-rays or imaging in the provided records. Subsequent progress reports reflect treatment directed at a C5/6 pseudoarthrosis and subsequent revision cervical fusion. There is no current clinical exam or imaging evidence of nerve root compromise to support this request. Therefore, this request is not medically necessary.