

Case Number:	CM15-0093844		
Date Assigned:	05/20/2015	Date of Injury:	03/12/2014
Decision Date:	06/30/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/15/2015

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:

This injured worker is a 63-year-old female who sustained an industrial injury on 3/12/14. Injury occurred when she fell down while going into the bathroom and got caught in the doorway. She underwent right ankle debridement and synovectomy on 1/9/15. The 5/30/14 lumbar spine MRI impression documented multilevel lumbar spondylosis, most pronounced at the L4/5 level. There was mild anterolisthesis of L4 on L5 and retrolisthesis of L5 on S1. Findings documented a broad-based disc bulge at L4/5 with anterolisthesis and moderate to severe bilateral facet/ligamentum flavum hypertrophy, resulting in mild central canal stenosis, bilateral lateral recess narrowing and mild to moderate bilateral neuroforaminal narrowing. At L5/S1, there was a broad-based disc bulge with retrolisthesis of L5 on S1 and moderate bilateral facet hypertrophy, resulting in flattening of the thecal sac and moderate bilateral neuroforaminal narrowing. The 3/12/15 treating physician report cited increased lumbar spine pain and increased pain at night. Physical exam documented decreased lumbar range of motion with pain in flexion, extension and right side bending. She was unable to toe/heel walk due to severe pain. Straight leg raise was positive at 30 degrees along the right S1 dermatome. The assessment included L5/S1 severe degenerative disc disease and moderate to severe foraminal stenosis with radiculopathy right gluteal/ankle, L4/5 instability listhesis with foraminal stenosis and right radiculopathy, and L3/4 disc herniation. The treatment plan recommended L5/S1 fusion surgery, continued Voltaren and Norco, physical therapy, and acupuncture. The 4/30/15 treating physician report cited constant grade 8/10 pain with difficulty walking and sitting. The injured worker requested a cane. Physical exam documented decreased and painful lumbar range of motion, inability to toe/heel walk due to severe pain, positive straight leg raise, and antalgic gait. The treatment plan

indicated that L5/S1 fusion was pending and recommended a cane and post-operative physical therapy. A request for L5-S1 posterior interbody decompression fusion allografting and any repairs, and pre-operative labs including CBC (complete blood count), BMP (basic metabolic panel), UA (urinalysis), PT/PTT (prothrombin time/ partial thromboplastin time, and medical clearance was made by the treating physician. The 5/14/15 utilization review non-certified the request for L5/S1 posterior interbody decompression fusion, allografting, and any repair and the associated pre-operative services. The rationale stated that guidelines criteria had not been met relative to psychosocial screening and there was a lack of discussion of the relevance of the L4/5 anterolisthesis.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 Posterior Interbody Decompression Fusion Allografting and any repairs: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Fusion (spinal).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 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 surgery 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 laminotomy 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. 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 presents with persistent low back pain with difficulty in walking and standing. Clinical exam was consistent with imaging evidence of plausible nerve root compression at the L5/S1 level. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. However, there was no radiographic evidence of spinal segmental instability at the L5/S1 level and no discussion of the need for wide decompression that would result in temporary intraoperative instability. There was treating physician documentation that there was instability at the adjacent L4/5 level. Additionally, there is no evidence of psychosocial screening or psychological clearance for surgery. Therefore, this request is not medically necessary at this time.

Pre-Operative Labs CBC, BMP, UA PT/PTT, medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38; Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p.

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