

Case Number:	CM15-0097181		
Date Assigned:	05/27/2015	Date of Injury:	12/16/2006
Decision Date:	07/01/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/20/2015

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 27-year-old female who sustained an industrial injury on 12/16/06. The mechanism of injury was not documented. Past surgical history was positive for L4/5 laminectomy and discectomy on 3/24/10. The 2/23/15 lumbar spine MRI impression documented a 4.5 mm L4/5 disc protrusion with mild to moderate bilateral neural foraminal stenosis/ encroachment with mild central canal stenosis, and facet hypertrophy contributing to the stenosis. At L3/4, there is a 4 mm disc protrusion with annular fissure/tear, and mild central canal and left neural foraminal stenosis. At L5/S1, there was a 3.5 disc protrusion with mild central canal stenosis. There was also bulging of the intervertebral discs at L1/2 and L2/3 with no stenosis. The 4/20/15 treating physician report cited severe low back pain. She was taking an occasional oral Dilaudid for pain. She was reported at regular work status. She underwent a discectomy 4 years ago and had progressive worsening back pain since. She has failed physical therapy, medications, activity modification, home exercise program, epidural injections, and time. Physical exam documented severe tenderness to palpation, moderately limited lumbar range of motion, negative nerve tension signs, no pathologic reflexes, 5/5 lower extremity motor strength, and intact sensation over all dermatomes. Imaging showed severe degenerative changes at her discectomy site at L4/5 with degeneration at L3/4. Authorization was requested for an anterior decompression and fusion L3-4 and L4-5 with allograft and surgical assistant. The 5/11/15 utilization review non-certified the request for anterior decompression and fusion L3/4 and L4/5 with allograft and the surgical assistant as the injured worker was neurologically intact, had no documentation of transitional lumbar spinal instability, and had 3 levels of spondylosis. Additionally, documentation of nicotine status and psychological status or lack of psychological issues was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Decompression and Fusion L3-4, L4-5 with Allograft: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Lumbar Spine.

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 ½ Lumbar & Thoracic, Discectomy/Laminectomy, Fusion (spinal).

Decision rationale: The California MTUS guidelines recommend discectomy, laminectomy and laminotomy 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 decompression 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. For any potential fusion surgery, it is recommended that the patient refrain from smoking for at least 6 weeks prior to surgery and during the period of fusion healing. Guideline criteria have not been met. This injured worker presents with severe low back pain and had failed to respond to non-operative treatment. Clinical exam findings did not provide any evidence of nerve root compression to correlate with imaging evidence at the L3/4 and L4/5 levels. There is no radiographic evidence of spinal segmental instability or discussion of the need for wide decompression to support the medical necessity of fusion. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. However, there is no evidence of a psychosocial screening or discussion of smoking status. Therefore, this request is not medically necessary.

Surgical Assistant: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG 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 ½ Lumbar & Thoracic: Surgical assistant.

Decision rationale: Since the primary procedure is not medically necessary, none of the

associated services are medically necessary.