

Case Number:	CM14-0036966		
Date Assigned:	07/25/2014	Date of Injury:	11/18/2009
Decision Date:	08/04/2015	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/27/2014

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 65-year-old male who sustained an industrial injury on 11/18/09. Injury occurred while he was repeatedly bending and forcefully pulling wires from rolls. HE reported an onset of low back pain radiating into the right lower extremity. He underwent L4/5 and L5/S1 laminotomy and posterior spinal instrumentation and fusion on 3/14/11. The 5/30/12 electrodiagnostic report impression documented evidence of chronic right L4 radiculopathy. The 6/4/12 lumbar spine x-rays impression documented postsurgical and degenerative changes in the lower lumbar spine, and a mild retrolisthesis of L2 on L3/4 that was reported stable on flexion/extension views. The 7/30/13 lumbar discogram report noted a positive discogram at L2/3 and L3/4 with associated annular fissures, and a negative discogram at L1/2. The 1/21/14 treating physician report cited constant low back radiating down the entire right leg to the foot with associated numbness and tingling in the right foot with a burning sensation. He reported clicking and locking in the low back. He denied left lower extremity symptoms. He was using a cane for ambulatory assistance, and taking Norco, and Naprosyn. Review of systems documented some anxiety and depression. Physical exam documented right antalgic gait, forward stooped posture, restricted range of motion, moderate to severe tenderness over the surgical scar with maximum tenderness towards the lumbosacral junction. There was moderate right and mild left sacroiliac joint and sciatic nerve tenderness. Deep tendon reflexes were unobtainable at the knee and ankles. Motor strength was 5/5 without any neurologic deficits. Straight leg raise was positive on the right. The diagnosis was degenerative disc disease at all levels of the lumbar spine plus facet spondylosis at L3/4, L4/5 and L5/S1, grade 1 degenerative

spondylolisthesis at L4/5, annular disc disruptions at L3/4 and L2/3, and status post probable failed facet fusion at L4/5 and L5/S1 associated with right lower extremity radiculitis. The diagnosis also included moderate exogenous obesity with hypertension and diabetes mellitus. Authorization was requested for anterior lumbar discectomy, partial corpectomy, fusion at L5/S1, L4/5, L3/4, possibly L2/3; placement of interbody cage/plate and left iliac crest bone graft plus exploration of previous fusion at L4/5, L5/S1; hardware removal plus a decompressive laminectomy from L2 to the sacrum, and bilateral fusion from L2 to the sacrum. The 2/25/14 utilization review non-certified the request for anterior lumbar discectomy, partial corpectomy, fusion at L5/S1, L4/5, L3/4, possibly L2/3; placement of interbody cage/plate and left iliac crest bone graft plus exploration of previous fusion at L4/5, L5/S1; hardware removal plus a decompressive laminectomy from L2 to the sacrum, and bilateral fusion from L2 to the sacrum as there was no current imaging to support the medical necessity of this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior lumbar discectomy, partial corpectomy, fusion at L5-S1, L4-5, L2-4, possibly L2-3; placement of interbody cage/plate and left iliac crest bone graft plus exploration of previous fusion at L4-5, L5-S1; hardware removal plus a decompressive laminectomy from L2 to sacrum; Bilateral fusion from: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation ODG Low Back, Discectomy/laminectomy.

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, Discography; Discectomy/Laminectomy, Fusion (spinal).

Decision rationale: The California MTUS guidelines recommend laminotomy, laminectomy, and discectomy 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 (ODG) 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. The ODG state that discography is not recommended and of limited diagnostic value. Guideline criteria have not been met. This patient presents with constant low back pain radiating to the right foot

and associated numbness and tingling. He reported low back clicking and locking with no focal neurologic deficit documented on clinical exam. He is status post L4/5 and L5/S1 laminotomy and posterior fusion in 2011 with a diagnosis of probable failed facet fusion. There is electrophysiologic evidence of right L4 radiculopathy. There is no post-surgical imaging documented in the available records. A discogram was reportedly positive at L2/3 and L3/4, however discography is not supported by evidence based medical guidelines and is of limited diagnostic value. There is no radiographic evidence of spinal segmental instability at the L2/3 or L3/4 levels, or discussion of the need for wide decompression to support the medical necessity of fusion. There are psychological issues documented with no evidence of a psychosocial screen. Therefore, this request is not medically necessary at this time.