

Case Number:	CM13-0005857		
Date Assigned:	01/10/2014	Date of Injury:	07/16/2012
Decision Date:	03/26/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/01/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 60 year old female who reported an injury on 07/16/2012. The patient had an x-ray of the spine on 06/17/2013 which revealed lumbar dextroscoliosis without malalignment; spondylosis of the lumbar spine most pronounced at the L4-5 level. The patient had facet arthropathy at L3-4 with mild lateral recess stenosis that was stable on an MRI of 04/10/2013. The patient had facet arthropathy with moderately severe lateral recess stenosis and right-sided laminotomy that was stable. The patient had L5-S1 degenerative disc bulges with facet arthropathy resulting in right-sided lateral recess stenosis, and right-sided foraminal encroachment. This was noted to be unchanged compared to the previous examination. There was noted to be extensive scar formation and enhancement surrounding the right S1 nerve root at this location. The physician documented that the patient had extreme difficulty with lifting her right leg at the hip and that the quadriceps muscle strength was 4+/5 bilaterally. The patient was noted to describe significant radicular pain going down both buttocks regions, as well as the thigh. The patient's prior surgery was noted to be a microsurgical decompression of L5 through S1. The physician opined the patient should have a redo decompression of L5-S1 and laminectomy and possible facetectomies at L3-4 and L4-5 and correction of the scoliosis from L3 through S1 to arrest the progression of the scoliosis. The patient had complaints of neck pain and left arm pain radiating down to the neck going to the lateral part of the arm which the physician opined the patient may have a cervical disc problem. The patient's diagnosis was noted to be a lumbar sprain and request was made for a posterior L2-S1 laminectomy and fusion with PEEK rods and a redo at L5-S1. The MRI of 04/10/2013 indicated the patient had the lower thoracic and upper lumbar disc through the L2 to L3 level that was normal in appearance with no evidence of congenital spinal stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posterior L2-S1 Laminectomy and Fusion with Peek Rods, redo at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter and AMA guides of Radiculopathy, Anderson, 2000.

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 Chapter, Discectomy/Laminectomy.

Decision rationale: ACOEM Guidelines indicate a surgical consultation is appropriate for patients with severe and disabling lower leg symptoms in a distribution consistent with abnormalities and imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise, activity limitations due to radiating leg pain for more than 1 month or extreme progression of lower leg symptoms, clear clinical, imaging and electrophysiologic evidence of a lesion that has been shown to benefit in both the short-term and long-term from surgical repair, and failure of conservative treatment to resolve disabling radicular symptoms. Additionally, it indicates for a fusion, patients with increased spinal instability not work-related after surgical decompression at the level of degenerative spondylolisthesis may be candidates for the fusion. As they do not address specific indications for surgery for discectomy or laminectomy, secondary guidelines were sought. Official Disability Guidelines indicate the patient should have symptoms and findings which confirm the presence of radiculopathy and include objective findings on examination including straight leg raise test, crossed straight leg raise, and reflex examinations that should correlation with symptoms and imaging. Additionally, they require documentation of nerve root compression at the level of the requested procedure, as well as imaging studies indicating either nerve root compression, lateral disc rupture, or lateral recess stenosis and that conservative treatments including activity modification, drug therapy, and physical therapy and support provider referral have been performed. The patient was noted to describe significant radicular pain going down both buttocks regions, as well as the thigh. The clinical documentation submitted for review failed to provide specific myotomal and dermatomal findings to support the request. Additionally, the imaging studies failed to indicate the level of L2 to L3 is appropriate for surgical intervention and at L2-4 was mild bilateral lateral recess stenosis. There was lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for posterior L2-S1 laminectomy and fusion with Peek rods, redo at L5-S1 is not medically necessary.