

Case Number:	CM13-0013528		
Date Assigned:	11/22/2013	Date of Injury:	11/19/2011
Decision Date:	01/17/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/27/2013

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, has a subspecialty in spinal 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.

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 mechanism of injury was strain to the lumbar spine. The patient is seen postoperative to a hemilaminectomy at the L4-5 as of 08/30/2012. A post-operative MRI of the lumbar spine dated 03/29/2013 signed by [REDACTED] revealed postsurgical and degenerative changes of the lumbar spine. Findings were most pronounced at the L4-5. Again, subcutaneous edema was seen in the left posterior paraspinal soft tissues of the lower lumbar spine. This may be due to postsurgical changes and no fluid collection was seen. There was no high-grade central spinal stenosis, mild to moderate bilateral foraminal narrowing was observed left greater than right. Disc protrusion contacting the inferior aspect of the exiting left L4 nerve root was not excluded and there were mild facet degenerative changes at this level. The clinical note dated 07/17/2013 reports the patient presents for followup under the care of [REDACTED]. The provider documents the patient was seen with continued pain complaints about the left lower extremity pain in an L4-5 distribution. The provider documents the patient's pain is not improved and still limits his activities on a daily basis. The pain does not radiate down the right lower extremity. The patient denies any trouble with his bowel or bladder function. The provider documented upon physical exam of the patient tenderness to palpation of the midline was noted. Facet tenderness to the left was evidenced. The patient reported pain radiated down the left lower extremity and there was no pain to straight leg raise. The provider documented the patient had atrophy to his left lower extremity in comparison to the right. Bilateral knee jerks were diminished and the patient had numbness in a left L4 distribution. The provider documents the patient has always had obvious quadriceps atrophy of the quadriceps being 4/5, his pulses are 1, and his toes are downgoing. The provider documents the patient utilizes Norco 05/325 mg and Robaxin 750 mg for h

IMR ISSUES, DECISIONS AND RATIONALES

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

transforaminal lumbar interbody fusion L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

Decision rationale: The current request is not supported. The clinical documentation submitted for review reports the patient continues to present with lumbar spine pain complaints status post sustaining a work-related injury on 11/19/2011. The provider documents the patient subsequently underwent a lumbar laminectomy and discectomy at the L4-5 level on 08/30/2012. The provider documents the patient did utilize a course of postoperative physical therapy with no resolve of his symptomatology. The provider is documenting the patient's MRI showed degenerative changes most pronounced at L4-5 with retrolisthesis of L4 on L5 with disc herniation; however, evidence of the provider's interpretation of pathology to the lumbar spine was not supported by the official MRI report. Given the lack of correlation between the provider's rationale for the requested operative procedure and the imaging study of the lumbar spine, the current request is not supported. As California MTUS/ACOEM indicates, "There is no scientific evidence about the long-term effectiveness of any form of surgical decompression or fusion for a degenerative lumbar spondylosis compared with natural history placebo or conservative treatment." At this point in the patient's treatment, continued utilization of conservative treatment would be indicated. In addition, the clinical notes lacked evidence of the patient having undergone psychological evaluation prior to the requested operative procedure to address any confounding issues. As such, given all the above, the request for transforaminal lumbar interbody fusion L4-5 is not medically necessary or appropriate.

inpatient hospital stay for three days: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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