

Case Number:	CM13-0016938		
Date Assigned:	10/11/2013	Date of Injury:	03/14/2012
Decision Date:	01/02/2014	UR Denial Date:	08/20/2013
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 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 patient is a 56-year-old male who reported an injury on 03/14/2012. The notes indicate that the patient was on top of a field tanker when he slipped and fell landing on his back and striking the head on an oil tanker. The patient reported no loss of consciousness, with treatment notes indicating that the patient has undergone physical therapy and MRI of the neck which showed disc bulge and herniated disc. Ultimately, the patient underwent operative intervention with C5-6 anterior cervical discectomy with decompression of the spinal cord and C5-6 arthrodesis with anterior interbody technique and application of a 7 mm lordotic synthesis allograft at the C5-6 interspace and anterior instrumentation with Synthes CSLP plate. Additionally, the patient has a diagnosis of grade I L5-S1 anterolisthesis resulting in chronic low back pain and left lower extremity L5-S1 radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior lumbar fusion L5-S1 with anterior instrumentation, posterior lumbar fusion L5-S1 and instrumentation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Practice Guidelines ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Surgical Considerations.

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

Decision rationale: CA MTUS/ACOEM Guidelines states that except for cases of trauma related spinal fracture or dislocation, fusion of the spine is not usually considered during the first three months of symptoms. Patients with increased spinal instability (not work related) after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion. A review of the records submitted for review indicates that the patient underwent MRI of the lumbar spine on 12/19/2012 indicating at the requested level for fusion that the patient had no dorsal disc protrusion; however, there was evidence of a left dorsal annular fissure. The spinal canal and neural foramina were widely patent with the exiting nerve roots having unremarkable appearance. Overall, there were findings of a 1 mm anterolisthesis of L5 on S1 and a left dorsal annular fissure. Fissures were indicated as potential pain generators. There is no indication of flexion or extension x-rays having been completed. Subsequent treatment of the patient included conservative means has consisted of Norco and Flexeril as well as physical therapy. The most recent clinical notes submitted for this review were completed on 02/11/2013 and the most recent comprehensive evaluation of the patient occurred on 11/15/2012; however, the examination is largely limited to findings regarding the cervical spine. Prior to that the patient was evaluated ON 06/20/2012 with complaints of neck and low back pain. On examination the patient had 5/5 strength except for the right ankle dorsiflexor and right EHL graded at 4+/5. Decreased sensation is stated for the left lower extremity compared to the right. Moreover, there is a lack of documentation submitted for review detailing objective clinical findings to support the recommendation for anterior lumbar fusion. Moreover, there is a lack of documentation indicating that the patient has undergone flexion and extension x-rays at the L5-S1 level for determination of instability of the 1 mm anterolisthesis identified at L5 on S1. Also, there is no more recent comprehensive evaluation or treatment record for the patient since 06/20/2012. The request for anterior lumbar fusion L5-S1 with anterior instrumentation, posterior lumbar fusion L5-S1 and instrumentation is not medically necessary and appropriate.

Left L5-S1 lumbar laminectomy and discectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Practice Guidelines ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Surgical Considerations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Surgical Considerations & Lumbosacral Nerve Root Decompression.

Decision rationale: CA MTUS states direct methods of nerve root decompression include laminotomy, standard discectomy, and laminectomy. California MTUS/ACOEM Guidelines indicate that direct methods of nerve root decompression include laminotomy, standard discectomy and laminectomy. A review of the records submitted details the current request for consideration of a left L5-S1 lumbar laminectomy and discectomy. The most recent clinical notes submitted for this review were completed on 02/11/2013 and the most recent comprehensive evaluation of the patient occurred on 11/15/2012; however, the examination is largely limited to findings regarding the cervical spine. However, prior to that the patient was evaluated On 06/20/2012 with complaints of neck and low back pain. On examination the patient had 5/5 strength except for the right ankle dorsiflexor and right extensor hallucis longus (EHL)

graded at 4+/5. Decreased sensation is stated for the left lower extremity compared to the right. The patient is noted on imaging studies to have evidence of a left dorsal annular fissure. However, there remains a lack of documentation submitted indicating a recent comprehensive evaluation and treatment record to support the request for surgery. The request for left L5-S1 lumbar laminectomy and discectomy is not medically necessary and appropriate.

Four (4) day inpatient stay: 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.