

Case Number:	CM13-0028561		
Date Assigned:	11/27/2013	Date of Injury:	05/02/2001
Decision Date:	01/22/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	09/25/2013

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 Spine 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 claimant is a 63-year-old female with a reported date of injury on 05/02/2002. Reported mechanism of injury is described as falling down 2 to 3 flights of stairs. She was seen on 02/06/2013 for complaints of back pain but on examination EHL strength was 5/5 bilaterally. Electrodiagnostic studies performed on unstated date due to poor copy quality indicates evidence of severe acute L4, L5 and S1 radiculopathy on the right and left. MRI of the lumbar spine performed in 06/2013 reveals a right lateral disc herniation at L5-S1 with compression of the extraforaminal right L5 nerve root. There was also posterior annular disc bulge at L1-2 without neural encroachment. The claimant was seen for presurgical psychological evaluation and was cleared for surgery. On 08/27/2013, she was seen for surgical consult. On exam, she exhibited paresthesias in an L5 and S1 nerve root distribution on the right with weakness of the gastroc soleus and extensor hallucis longus on the right. She had positive straight leg raise on the right at 45 to 50 degrees. Plan at that time was for lumbar laminectomy, discectomy and instrumented arthrodesis at L5-S1. She also reported intermittent bladder dysfunction. Due to that, a referral was made for urology consult by the surgeon. Diagnoses included right-sided radiculopathy at L5-S1 with internal disc disruption syndrome with herniated disc. Plan going forward was a decompression and fusion at L5-S1 with an additional level of decompression, lateral arthrodesis, application of intervertebral biomechanical device, bone graft, posterior non-segmental instrumentation, reduction of subluxation/lumbar, IBF, lateral approach, initial level, injection procedure for discography each level of lumbar spine, and 2 day inpatient hospital length of stay.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 lumbar laminectomy (hemilaminectomy)/Discectomy: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): . 305-306..

Decision rationale: MTUS/ACOEM, chapter 12, in discussing lumbar decompression that there should be "-Clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair -Failure of conservative treatment to resolve disabling radicular symptoms." The medical records demonstrate that this claimant has some intermittent bladder dysfunction. She does have a disc at L5-S1 to the right, with physical findings that correlate with imaging studies; the treating physician referred her for a urology consult. That consult was not provided for this review. A letter by that treating provider indicated that the claimant's intermittent bladder dysfunction directly correlated to her diagnosis of lumbar herniated disc as the herniated disc was pressing on the nerve root that controlled the bladder sphincter. It was noted that the requested urology evaluation indicated that it was not prudent to wait for that neurological evaluation. However, this treating provider, [REDACTED] was the provider that ordered urology consult based on the records provider. As he had ordered it prior to the surgical intervention, it would be reasonable to undergo that urology consultation prior to the surgical intervention. Additionally, the records are silent after 10/09/2013 and do not indicate the current status of this claimant. The records do not indicate that if she is currently having lumbar radicular symptoms or if she is currently continuing to have intermittent bladder episodes. Therefore, rationale for proceeding with this surgical intervention at this time has not been documented by the records provided and this request is non-certified.

Additional level decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG, Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 305-306..

Decision rationale: MTUS/ACOEM, chapter 12, in discussing lumbar decompression that there should be "-Clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair -Failure of conservative treatment to resolve disabling radicular symptoms." The records do not indicate current status of this claimant after the 10/09/2013 letter from [REDACTED]. The records indicate that there is a disc to the right at L5-S1 that correlates with the physical findings as of 08/27/2013. However, there is only a proximal annular disc bulge at L1-2 without neural encroachment documented on the MRI and there is no indication that a need for an additional level of decompression would be needed based on the records provided. The records do not indicate the current status of this claimant as the records are silent after 10/09/2013. Therefore, it is not noted if this claimant continues to have lumbar radicular symptoms that can be associated with

the imaging study. As such, this request for an additional level is not considered supported by the guidelines and/or the records and is non-certified.

Arthrodesis lateral: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG, Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307..

Decision rationale: MTUS/ACOEM, chapter 12, in discussing lumbar decompression that there should be "-Clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair -Failure of conservative treatment to resolve disabling radicular symptoms." The submitted medical records indicate this claimant has intermittent bladder dysfunction as of 08/27/2013 and a urology consult was ordered. The records do not indicate whether that urology consult has actually been obtained or not. The most current status of this claimant has not been documented as the records were silent after 10/09/2013 letter. Therefore, this request is not considered medically necessary at this time and is non-certified.

Application of intervertebral biomechanical device: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG, Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307..

Decision rationale: MTUS/ACOEM, chapter 12, in discussing lumbar decompression that there should be "-Clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair -Failure of conservative treatment to resolve disabling radicular symptoms." The submitted medical records indicate this claimant has intermittent bladder dysfunction as of 08/27/2013 and a urology consult was ordered. The records do not indicate whether that urology consult has actually been obtained or not. The most current status of this claimant has not been documented as the records were silent after 10/09/2013 letter. Therefore, this request is not considered medically necessary at this time and is non-certified.

Bone graft: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG, Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307..

Decision rationale: MTUS/ACOEM, chapter 12, in discussing lumbar decompression that there should be "-Clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair -Failure of conservative treatment to resolve disabling radicular symptoms." The submitted medical records indicate this claimant has intermittent bladder dysfunction as of 08/27/2013 and a urology consult was ordered. The records do not indicate whether that urology consult has actually been obtained or not. The most current status of this claimant has not been documented as the records were silent after 10/09/2013 letter. Therefore, this request is not considered medically necessary at this time and is non-certified

Posterior non-segmental instrumentation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG, Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307..

Decision rationale: MTUS/ACOEM, chapter 12, in discussing lumbar decompression that there should be "-Clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair -Failure of conservative treatment to resolve disabling radicular symptoms." The submitted medical records indicate this claimant has intermittent bladder dysfunction as of 08/27/2013 and a urology consult was ordered. The records do not indicate whether that urology consult has actually been obtained or not. The most current status of this claimant has not been documented as the records were silent after 10/09/2013 letter. Therefore, this request is not considered medically necessary at this time and is non-certified.

Reduction of subluxation-lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/19067829>: Title: Spontaneous reduction of a traumatic L2-L3 subluxation without fracture in a 14-year old boy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307..

Decision rationale: MTUS/ACOEM, chapter 12, in discussing lumbar decompression that there should be "-Clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair -Failure of conservative treatment to resolve disabling radicular symptoms." The submitted medical records indicate this claimant has intermittent bladder dysfunction as of 08/27/2013 and a urology consult was ordered. The records do not indicate whether that urology consult has actually been obtained or not. The most current status of this claimant has not been documented as the records were silent

after 10/09/2013 letter. The submitted records do not indicate that there is a subluxation to reduce, or that it requires reducing at this time. Therefore, this request is not considered medically necessary at this time and is non-certified.

IBF, lateral approach: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 305-307..
Decision based on Non-MTUS Citation ODG, Low Back.

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

Decision rationale: MTUS/ACOEM, chapter 12, in discussing lumbar decompression that there should be "-Clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair -Failure of conservative treatment to resolve disabling radicular symptoms." The submitted medical records indicate this claimant has intermittent bladder dysfunction as of 08/27/2013 and a urology consult was ordered. The records do not indicate whether that urology consult has actually been obtained or not. The most current status of this claimant has not been documented as the records were silent after 10/09/2013 letter. Therefore, this request is not considered medically necessary at this time and is non-certified.

Injection procedure for discography, each level, and lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.ncbi.nlm.nih.gov/pubmed/19067829> Title: Intravascular injection of contrast during lumbar discography: a previously unreported complication.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305..

Decision rationale: MTUS/ACOEM, chapter 12, states "Diskography may be used where fusion is a realistic consideration, and it may provide supplemental information prior to surgery. This area is rapidly evolving, and clinicians should consult the latest available studies." The records indicate that this patient has a disc at L5-S1 that apparently is her pain generator as there is only another disc bulge at L1-2 without neural encroachment. The rationale for proceeding with a discogram at this point has not been provided by the records. While the discography may be used where fusion is a realistic consideration, or the most recent records do not indicate the status of this claimant as the records are silent after 10/09/2013. The current status of this claimant is unknown and it is unknown whether she continued to have radicular symptoms. As such, the request for an injection for discography is not supported at this time and is non-certified.

Two (2) day in-patient hospital admission: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines, Low Back, Hospital length of stay (LOS).

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 chapter, hospital length of stay.

Decision rationale: The requested treatment in the form of surgical intervention has not been considered reasonable and necessary at this time. This is important due to lack of the current documentation indicating the current status of this claimant. A 2 day length of stay would be considered reasonable should the surgical intervention be performed but at this time, this 2 day length of stay is not supported as the surgical intervention is not considered medically necessary for this claimant. Therefore, this request is non-certified.