

Case Number:	CM13-0030138		
Date Assigned:	11/27/2013	Date of Injury:	08/30/2010
Decision Date:	01/17/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/27/2013

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 New Hampshire, New York, and Washington. 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:

At issue in this case is whether or not L4-5 and L5 S1 anterior and posterior fusion surgery is medically necessary along with a preoperative medical workup postoperative water therapy and a back brace. Initial evaluation reported in June of 2013 indicates that the patient slipped and fell and sustained an injury on August 30, 2010. The patient reported immediate pain in the left shoulder low back and right ankle. The patient was given a lumbar support for back pain and physical therapy was prescribed. Lumbar surgery was also recommended at that time. The patient continues to have chronic low back pain with pain radiating down the back of the left leg along with numbness and cramping. The pain is reported to increase with any physical activity. Physical examination of the lumbar spine reveals left pelvic tilt. There is tenderness to the left paraspinal musculature. There is sciatic notch tenderness. Straight leg raising is positive bilaterally. Straight leg raising causes referred pain to the back. There is a positive left straight leg raising test. There is pain with motion of the lumbar spine and range of motion is limited. Physical exam are also documents 4-5 muscle strength in the bilateral L5 muscle groups. There is diminished sensation in the left L5-S1 dermatomes. The patient also reports weakness in the left leg. The medical records indicate that the patient has not responded to conservative measures. MRI of the lumbar spine in June 2013 reveals mild disc height loss at L3-4 with a 2 mm disc bulge and moderate to severe canal stenosis. At L4-5 there is a disc bulge with a disc extrusion measuring 6 mm. The spinal canal is moderately to severely narrowed to 4 mm. At L5-S1 there is mild to moderate disc height loss with a 2 mm disc osteophyte complex that causes mild spinal stenosis. Additional comprehensive neurosurgical evaluation in January 2013 indicates that the patient complains of severe low back pain radiating to the lower extr

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 and L5-S1 anterior lumbar interbody fusion/transforaminal lumbar interbody fusion (ALIF/TLIF): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary (5/10/2013).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306-307.

Decision rationale: The MTUS/ACOEM Guidelines indicate that fusion of the spine is not usually considered during the first three months of symptoms, except for cases of trauma-related spinal fracture or dislocation. The guidelines also indicate that patients with increased spinal instability (not work-related) after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion. There is no scientific evidence about the long-term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis compared with natural history, placebo, or conservative treatment. This patient has not made established criteria for two-level lumbar decompressive and fusion surgery at this time. Imaging studies do not indicate any evidence of lumbar instability, fracture, or evidence of concern for spinal tumor. Additionally, the MRI shows 2 levels of degenerative disc condition the lumbar spine. Fusion surgery for multiple levels of lumbar disc degeneration is not more likely than conservative measures to relieve chronic low back pain complaints. The medical records provided for review do not adequately document a significant trial and attempt at conservative measures to include a sustained course of physical therapy or chiropractic care for the treatment of low back pain. The medical records indicate that the patient has significant spinal stenosis and neural compression at L4-5 and L5-S1. The physical examination reports that the patient also has a neurologic deficit consisting of a foot drop. There is justification in the medical records to support the performance of decompressive surgery alone in this patient. Laminectomy or laminotomy decompression of the stenotic levels in the lumbar spine is medically appropriate at this time. The MRI indicates that there severe stenosis at L3-4 L4-5 and L5-S1. Limited laminotomy or laminectomy decompression of the 3 levels is medically appropriate. However, fusion surgery the lumbar spine is not medically necessary.

Preoperative medical work-up: 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.

Postoperative aqua therapy three (3) times a week for six (6) weeks is not medically necessary and appropriate.: 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.

LSO back brace: 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.