

Case Number:	CM13-0043304		
Date Assigned:	12/27/2013	Date of Injury:	12/02/2011
Decision Date:	06/06/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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 34 year old male who was injured on 12/02/2011 while his vehicle was clipped at the left rear panel of the vehicle, spinning him around and crashing into a large bush. He has history of L4-L5 herniation post MVA 2011. Prior treatment history has included on 09/25/2013 taking Percocet and Tizanidine with no relief of symptoms. The treatment also included failed physical therapy and interventional pain injections. Diagnostic studies reviewed include MRI of the lumbar spine dated 03/07/2012 which noted severe left L5-S1 foraminal stenosis with exiting nerve root tight against the bone. Lumbar spine MRI dated 07/23/2013 noted encroachment on the L5 nerve root. EMG/NCV dated 07/26/2013 was interpreted as normal nerve conduction study except for absent H reflexes bilaterally. Needle examination does not reveal evidence of motor radiculopathy. On a clinical basis, he does have diminished left ankle reflex and sensory loss with calf atrophy, suggesting a left S1 radicular process. AME note dated 07/22/2013 documented the patient to have complaints of continuing to have problems in regard to what he understands is a post concussion syndrome with persistent headaches and has stiffness in his neck as well as low back and leg complaints. Objective findings on exam included he is 6'5 in height, 330 pounds and walked into the examining room with an antalgic gait. The patient had tenderness in the lumbar region, left buttocks and was unable to walk on his toes and heels on the left. He had negative straight leg raise, seated and supine. There was decreased sensation in the L5 distribution of his left leg and weakness of the great toe. Calf circumference 4 inches below the pole of the patella was 18 ½ inches on the right and 17 ½ inches on the left. Diagnosis: Chronic lumbar radiculopathy affecting the left lower extremity. Orthopedic consult dated 09/12/2013 documented the patient with complaints that his back pain is progressively worsening and has now evolved into severe left sided sciatic pain. He notices that the left calf is weak. He has been tripping over the left foot due to the foot drop. The toes drag on the ground

and he is unable to clear the foot on the swing phase of his gait. Objective findings on exam included there is significant weakness on the left side with 4/5 strength in the quadriceps, 4/5 tibialis anterior, 4/5 EHL, and posterior tibial and gastrocnemius 4/5 with difficulty with left single stance toe rising on exam when compared to the right side that is totally full and strong. ED notes dated 09/25/2013 documented the patient with complaints of severe back pain today with the inability to ambulate. He ambulates with a cane with a slow unsteady gait. Objective findings on exam included he appears uncomfortable and unwilling to move from the supine position. On musculoskeletal exam he is unable to raise right or left leg passively. Full range of motion bilateral toes. Diagnoses considered include but are not limited to: Fracture, hematoma cauda equina, AAA, renal colic, osteomyelitis, mechanical strain, abscess and musculoskeletal pain. PR-2 dated 09/26/2013 documented that on 09/25/2013 the patient literally could not get out of bed. He called the ambulance and was taken to [REDACTED] emergency. He was given a couple of shots of Dilaudid and discharged. He is followed for an L5-S1 radiculopathy, left more than right sided with atrophy on that side and weakness of the left quads and hamstrings. Objective findings on exam included markedly decreased lumbar flexion, positive straight leg raising, significant left sided quad and hamstring weakness.

IMR ISSUES, DECISIONS AND RATIONALES

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

AN L4-5, L5-S1 ANTERIOR/POSTERIOR DISCECTOMY AND FUSION: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Spinal Fusion.

Decision rationale: Diagnostic studies include a lumbar MRI dated 03/07/2012 which noted severe left L5-S1 foraminal stenosis with exiting nerve root tight against the bone and lumbar spine MRI dated 07/23/2013 which noted encroachment on the L5 nerve root, these findings correlate with the objective examination findings. However, the medical records do not document spinal instability involving the L4-5 and L5-S1 levels, to warrant consideration of fusion. According to the guidelines, spinal fusion in the absence of fracture, dislocation, unstable spondylolisthesis, tumor or infections, is not supported. In addition, the medical records do not establish exhaustion of recent attempts of noninvasive conservative measures, which would include medication management, physical methods with palliative adjunctive therapies, and activity modification. In which case, less invasive conservative interventions would still be an appropriate treatment option. Based on these factors, the patient is not a candidate for lumbar spine fusion. Therefore, the medical necessity of L4-5, L5-S1 anterior/posterior discectomy and fusion has not been established.

A 3-5 DAY INPATIENT HOSPITAL 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.

COSURGEON - [REDACTED]: 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.

ASSISTANT - [REDACTED], PA-C: 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.

CHAIRBACK LUMBAR 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.

FRONT WHEELED WALKER: 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.

3-IN-1 COMMODE: 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.

BONE GROWTH STIMULATOR: 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.