

Case Number:	CM13-0047058		
Date Assigned:	06/11/2014	Date of Injury:	03/13/2009
Decision Date:	07/14/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	11/04/2013

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 Orthopaedic Surgery and is licensed to practice in Texas. 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 injured worker is a 46 year old male who reported an injury to his low back on 3/13/09. The operative report dated 04/08/13 indicates the injured worker undergoing a bilateral L3-4 epidural steroid injection. The procedural note dated 04/08/13 indicates the injured worker undergoing a bilateral L3-4 transforaminal epidural steroid injection. The clinical note dated 12/09/13 indicates the injured worker being recommended for hardware removal at L5-S1 with a decompression and foraminotomies at L3-4 and L4-5. The note indicates the injured worker able to demonstrate 5/5 strength throughout the lower extremities. The injured worker was able to demonstrate 60 degrees of lumbar flexion and -10 degrees of extension. The clinical note dated 12/16/13 indicates the injured worker having undergone physical therapy with a focus on the low back complaints. The note also indicates the injured worker utilizing Vicodin for pain relief. The utilization review dated 12/31/13 resulted in a denial for the proposed surgical procedure as no information had been submitted confirming the hardware at L5-S1 acting as a pain generator. No focal neurologic defects were identified correlating with the requested levels as well. The clinical note dated 01/20/14 indicates the injured worker continuing with 60 degrees of lumbar flexion and -15 degrees of extension. The injured worker was able to demonstrate 4.5/5 strength at the psoas muscle on the left. The clinical note dated 03/06/14 indicates the injured worker continuing with radiating pain from the low back into the left lower extremity. The injured worker rated the neck and low back pain as 7-9/10. Bending, lifting, sitting, standing, and twisting all exacerbated the injured worker's pain. The clinical note dated 04/22/14 indicates the injured worker continuing with restricted range of motion in the lumbar region. The clinical note dated 06/03/14 indicates the injured worker having previously undergone an L5-S1 fusion. There is an indication the injured worker also was complaining of cervical region pain. The injured worker continued with complaints of severe disabling low back pain. The injured worker

also reported radiating pain into both lower extremities, right greater than left. The injured worker also had complaints of numbness and tingling in the right lower extremity. The note indicates the injured worker having undergone an MRI which revealed degenerative changes at the L3-4 and L4-5 levels. Evidence of a posterior fusion was also revealed at L5-S1 with rods and pedicle screws as well as a disc spacer. There is an indication of hardware artifact. A disc bulge was revealed at L3-4 with mild narrowing of the central canal and neuroforamen. Similar findings were also identified at L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

DECOMPRESSION L3-4 AND L4-5 AND REMOVAL OF IMPLANTS L5-S1: 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): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Hardware Removal Section.

Decision rationale: The request for a decompression at L3-4 and L4-5 and removal of implants at L5-S1 is non-certified. The documentation indicates the injured worker complaining of low back pain with radiating pain to the lower extremities. A decompression would be indicated in the lumbar region provided the injured worker meets specific criteria to include radiculopathy findings identified by clinical exam. No information was submitted regarding the injured worker's significant strength deficits in the L3, L4, or L5 distributions. Additionally, no information was submitted regarding the previously implanted implants at L5-S1 serving as a pain generator. No information was submitted regarding the injured worker's hardware injections resulting in significant findings. Given these factors, this request is not indicated as medically necessary.