

Case Number:	CM13-0049119		
Date Assigned:	12/27/2013	Date of Injury:	09/01/2010
Decision Date:	03/11/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/07/2013

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. 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 49-year-old male with a work-related injury date of 9/1/10. At the time of request for authorization for lumbar fusion L5-S1 with transforaminal lumbar interbody fusion, there is documentation of subjective low back pain with numbness and tingling radiating to the lower extremities and going to the feet. The objective documentation indicates tenderness to palpation in the lumbar mid spine and paraspinal region, decreased lumbar range of motion in all planes, decreased left L4, L5, and S1 dermatomes to pinprick and light touch, and decreased strength of the left tibialis anterior, extensor hallucis longus, inversion, plantar flexion, and eversion. A computed tomography (CT) scan of the lumbar spine dated 8/27/13 revealed discogenic change at L5-S1 with herniation, calcified annulus, hypertrophic left facet arthropathy, and left foraminal stenosis noting perineural fat effacement. The patient's current diagnoses is left L5-S1 radiculopathy, herniated nucleus pulposus of the lumbar spine at L5-S1, left L5 and S1 pedicle edema, and status post microlumbar decompression left L5-S1 on 1/24/13. The patient's treatments include, medication, physical modalities, and activity modification. There is no documentation of a condition/diagnosis for which fusion is indicated such as instability or a statement that decompression will create surgically induced instability to resolve disabling radicular symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar fusion L5-S1 with transforaminal lumbar interbody 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): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back

Decision rationale: MTUS guidelines indicate that for low back symptoms surgical consultation is indicated for patients who have: (1) severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; (2) activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; (3) failure of conservative treatment; and (4) and clear imaging and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. Guidelines further indicate that for the criteria for laminotomy/fusion, are instability or a statement that decompression will create surgically induced instability to resolve disabling radicular symptoms is necessary. In addition, ODG guidelines identifies documentation of symptoms and/or findings which confirm presence of radiculopathy to include objective findings that correlate with symptoms and imaging findings in concordance between radicular findings on radiologic evaluation and physical exam findings as criteria necessary to support the medical necessity of decompression/laminotomy. In this patient's case, the documentation submitted for review indicates that the patient has diagnoses of left L5-S1 radiculopathy, herniated nucleus pulposus of the lumbar spine at L5-S1, left L5 and S1 pedicle edema, and status post microlumbar decompression left L5-S1. In addition, there is documentation of subjective pain such as numbness, and tingling and objective findings of both sensory and motor with radicular findings in the requested nerve root distribution. The medical records also show findings of neural foraminal stenosis at the requested level per imaging, and failure of conservative treatment such as activity modification, medications, and physical modalities. However, there is no documentation of a condition or diagnosis for which fusion is indicated, there is no evidence of instability or a statement that decompression will create surgically induced instability to resolve disabling radicular symptoms. Therefore, based on guidelines and a review of the evidence, the request for lumbar fusion L5-S1 with transforaminal lumbar interbody fusion is not medically necessary. The request for lumbar fusion L5-S1 with transforaminal lumbar interbody fusion is not medically necessary and appropriate.

Post-op Chiropractic/Physiotherapy, 2x6: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: There is no documentation of a pending surgery that is medically necessary. Therefore, based on guidelines and a review of the evidence, the request for post-op Chiropractic/Physiotherapy, 2x6 is not medically necessary.

Hydrocodone APAP 7.5/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-80.

Decision rationale: There is no documentation of a pending surgery that is medically necessary. Therefore, based on guidelines and a review of the evidence, the request for hydrocodone APAP 7.5/325mg #90 is not medically necessary.