

Case Number:	CM13-0049239		
Date Assigned:	06/09/2014	Date of Injury:	05/15/2012
Decision Date:	07/28/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/07/2013

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:

This 67-year-old male country club general manager sustained an industrial injury on 5/15/12, relative to a slip and fall. The 6/22/12 lower extremity EMG/NCV revealed evidence of a right mild to moderate peripheral neuropathy, consistent with probable early diabetic peripheral neuropathy. The 6/29/12 lumbar MRI impression documented an L5-S1 disc protrusion with bilateral facet arthropathy resulting in right lateral recess narrowing and severe bilateral neuroforaminal stenosis. There was an L4-5 disc bulge with bilateral facet arthropathy resulting in bilateral lateral recess narrowing and moderate to severe bilateral neuroforaminal stenosis. Findings documented ample potential of impingement of the bilateral exiting L4 nerve roots, bilateral descending L5 nerve roots, and descending right S1 nerve root. There was an L3-4 disc bulge with bilateral facet arthropathy resulting in mild to moderate bilateral neuroforaminal stenosis with potential of impingement of the bilateral exiting L3 nerve roots. The 9/21/12 neurosurgical evaluation report documented findings of L5 and S1 radiculopathy due to lumbar herniated discs and a peripheral neuropathy due to his uncontrolled diabetes. The neuropathy had resulted in a right-sided peroneal nerve injury with moderate right lower extremity foot drop. Bilateral plantar numbness and tingling was likely related to his diabetic neuropathy. Conservative treatment had included six visits of physical therapy, medications, and activity modification. An epidural steroid injection was recommended and provided significant relief for approximately one month. The patient changed primary treating physicians in June 2013. Multiple subsequent requests for surgery are noted in the file based on an absence of documented spinal instability. The 10/30/13 treating physician report cited continued grade 6/10 low back pain with numbness in the right buttock and bottom of the feet. Physical exam documented normal gait, normal heel/toe walk with no evidence of weakness, bilateral paravertebral muscle tenderness, decreased right S1 dermatomal sensation, mild to moderate loss of range of motion

with pain, 4/5 plantar flexion and 3/5 extensor hallucis longus weakness, absent Achilles reflexes bilaterally, and right foot drop. Straight leg raise was negative bilaterally. The diagnosis was right leg radiculopathy with weakness, L5-S1 disc herniation/stenosis, L4-5 stenosis, and moderately severe L5-S1 disc degeneration. The treating physician stated the medical necessity of complete discectomy that would cause segmental instability, requiring fusion. The 12/2/13 lumbar flexion/extension x-rays demonstrated no segmental instability.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR BILATERAL LAMINOTOMY FORAMIINOTOMY AT L4-5 AND L5-S1 WITH POSTERO-SPINAL INSTRUMENTATION AND FUSION AT L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 202-211. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The ACOEM guidelines recommend decompression surgery as an effective treatment for patients with symptomatic spinal stenosis (neurogenic claudication) that is intractable to conservative management. Lumbar fusion is not recommended as a treatment for spinal stenosis unless concomitant instability has been proven. The Official Disability Guidelines state that criteria for lumbar decompression surgeries that include symptoms/findings that confirm the presence of radiculopathy and correlate with clinical exam and imaging findings. Guideline criteria include evidence of nerve root compression, imaging findings of nerve root compression, lateral disc rupture, or lateral recess stenosis, and completion of comprehensive conservative treatment. Fusion may be supported for surgically induced segmental instability but pre-operative guidelines recommend completion of all physical medicine and manual therapy interventions and psychosocial screen with all confounding issues addressed. Guideline criteria have not been met. Electrodiagnostic studies documented findings of diabetic peripheral neuropathy. Neurosurgical evaluation indicated the right foot drop and foot numbness and tingling were associated with the peripheral neuropathy caused by uncontrolled diabetes. MRI findings noted the potential for nerve root impingement from L3 to S1. There is no detailed documentation that recent comprehensive conservative treatment, including physical or manual therapy, had been tried and failed. A psychosocial screen is not evidenced. Therefore, the request is not medically necessary.

POST OP PHYSIOTHERAPY 3 X 6 VISITS: 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.

PRE OP MEDICAL CLEARANCE: 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 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.