

Case Number:	CM14-0005012		
Date Assigned:	02/05/2014	Date of Injury:	05/11/2011
Decision Date:	07/29/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/14/2014

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 Neurosurgery 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:

On 12/14/13 a MRI of the lumbar spine revealed at L4-5 20% decrease in height of the disk, 3-4 mm posterior disk protrusion with encroachment on the thecal sac and foramina bilaterally; bilateral acquired foraminal stenosis with compromise on exiting nerve roots bilaterally. There is no compromise on traversing nerve roots. There's 2-mm anterior disk protrusion and facet joints were satisfactory. At L5-S1 there is 10% decrease in disk height; 3-4 mm posterior disk protrusion with annular tear; encroachment on the epidural fat as well is on the foramina bilaterally, right greater than left; compromise on traversing and exiting nerve roots bilaterally; facet joints were satisfactory and there was a 2-mm anterior disk protrusion. The spinal canal had satisfactory caliber throughout. On 11/25/13 the progress note describing continued symptomatology in the lumbar spine with extension lower extremities. He has failed all conservative measures including activity modification, physical therapy, and pain management. He is also a known diabetic and has had allergic reactions to steroids in the past, having been hospitalized secondary to reactions. He is unable to obtain any sort of steroid injections and/or lumbar epidural blocks. He was diagnosed to levels of disk pathology at the levels of L4-5 and L5-S1 with Modic endplate changes. On physical examination the lumbar spine is unchanged. There is tenderness from the mid to distal lumbar segments; pain with terminal motion; positive seated nerve root testing; decreased sensation at the L5 and S1 dermatomes; weakness of the ankles and toes of the right; and the patient walks with a limp favoring the right side. He had difficulty getting up from a seated position. Treatment plan discussed the patient's ongoing symptomatology with progressive neurologic deficit and lower extremities, with giving way of his legs and dragging his feet, consistent with a possible foot drop. It was noted that the patient does have Modic endplate changes L4-S1 posterior lumbar interbody fusion was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4 TO S1 POSTERIOR LUMBAR INTERBODY FUSION WITH INSTRUMENTATION, NEURAL DECOMPRESSION, AND ILIAC CREST MARROW ASPIRATIONS/HARVESTING, POSSIBLE JUNCTIONAL LEVELS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The guidelines used by the Claims Administrator are not clearly stated in the UR determination.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation The Official Disability Guidelines (ODG), Low Back Chapter, Decompression, Fusion. As well as Other Medical Treatment Guideline or Medical Evidence: AMA Guides (Radiculopathy, Instability).

Decision rationale: The California MTUS states that surgical intervention is recommended for patients who have severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair; and failure of conservative treatment. In addition, the MTUS states that there is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. The patient presents with clinical radiculopathy with corroborating nerve root compromise on MRI recalcitrant to conservative care, consistent with decompression criteria. However, indications for the associated fusion were not established. As flexion-extension views were not obtained, there is no objective evidence of dynamic instability. Imaging reports do not corroborate degenerative spondylolisthesis, a compression fracture, or functional spinal unit failure. A psychological clearance was not obtained. Therefore, the requested services are not medically necessary at this time.

FRONT WHEEL 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.

ICE UNIT: 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 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.

TLSO: 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.

3-1 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.

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.

3 DAYS INPATIENT 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.

SURGERY ASSISTANT: 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.