MAXIMUS Federal Services

Case Number:	CM14-0006516		
Date Assigned:	02/14/2014	Date of Injury:	03/12/2001
Decision Date:	08/06/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/17/2014

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 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 is a 55-year-old male with a 03/12/2001 date of injury. A specific mechanism of injury was not described. 1/13/14 determination was non-certified given that the clinical evaluation did not correlate with the imaging studies. 12/19/13 progress report identifies pain in the cervical spine, lumbar spine, right shoulder, and bilateral knees. There was lumbar spine pain radiating into the right lower extremity. On lumbar exam there was tenderness to palpation over the lumbar paraspinals. There is hypertonicity bilaterally. There is positive SLR. Deep tendon reflexes were 1+ in the patellar and Achilles tendon bilaterally. Sensation was 4/5 in the S1 muscle group bilaterally. 12/18/13 neurological evaluation revealed axial back pain with sciatica and radiculopathy in the right sided L4, L5, and S1 distribution. Exam revealed decreased sensation in the L4, L5, and S1 distribution. Reflexes diminished in the right knee and ankle. 10/18/13 lumbar spine MRI report revealed findings suggestive of a right laminotomy defect at L5-S1 with multilevel discogenic disease of the lumbar spine, most prominent at L4-L5. L4-5 moderate central stenosis with moderate right and mild left lateral recess narrowing and mild right and mild-to-moderate left neuroforaminal narrowing. Posterior annular fissures at L3-4 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

POSTERIOR TRANSFORAMINAL LUMBAR INTERBODY FUSION L4-L5, L3-L4 WITH INTERBODY CAGE PLACEMENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 210-211 and 307.

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 Chapter and AMA Guides to the Evaluation of Permanent Impairment, 5th Edition, Criteria for Instability, page 379.

Decision rationale: The patient has symptoms in the L4, L5, and S1 distribution, corroborated by physical exam. However, the MRI revealed only at L4-5 moderate central stenosis with lateral recess narrowing and neuroforaminal narrowing. The requested L3-4 level did not present significant nerve root pathology. In addition, CA 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. There is no indication of instability or a rationale for the necessity of a lumbar fusion. Therefore, the request is not medically necessary.

L3-S1 DECOMPRESSION LAMINECTOMY AND FUSION:

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Surgery and on the AMA Guides, 5th Edition, pages 382-383.

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 ChapterODG's indications include: Objective findings on examination need to be present. For unequivocal evidence of radiculopathy, see AMA Guides, 5th Edition, page 382- 383.

Decision rationale: The patient has symptoms in the L4, L5, and S1 distribution, corroborated by physical exam. However, the MRI revealed only at L4-5 moderate central stenosis with lateral recess narrowing and neuroforaminal narrowing. The requested L3-4 or L5-S1 levels did not present significant nerve root pathology. In addition, CA 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. There is no indication of instability or a rationale for the necessity of a lumbar fusion. Therefore, the request is not medically necessary.

PEDICLE SCREW FIXATION AND INSTRUMENTATION L3-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): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Low Back Chapter and AMA Guides to the Evaluation of Permanent Impairment, 5th Edition, Criteria for Instability, page 379.

Decision rationale: The patient has symptoms in the L4, L5, and S1 distribution, corroborated

by physical exam. However, the MRI revealed only at L4-5 moderate central stenosis with lateral recess narrowing and neuroforaminal narrowing. The requested L3-4 or L5-S1 levels did not present significant nerve root pathology. In addition, CA 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. There is no indication of instability or a rationale for the necessity of a lumbar fusion. Therefore, the request is not medically necessary.

CARDIAC CLEARANCE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

GENERAL CLEARANCE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.