

Case Number:	CM14-0006914		
Date Assigned:	02/07/2014	Date of Injury:	01/31/2011
Decision Date:	06/09/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/15/2014

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 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 58 year old male who reported an injury to his low back on 01/31/11. The initial injury occurred when he was breaking down an air conditioning bracket when part of the roof collapsed and the injured worker's right leg and hip fell into a hole. The clinical note dated 01/07/14 indicates the injured worker complaining of lumbar region pain with radiculopathy and instability specifically at the lumbar spine (L5-S1 level). The injured worker described the pain as a constant burning and stabbing sensation. Pain was exacerbated with ambulation and prolonged sitting. Upon exam, tenderness was identified upon palpation over the paravertebral muscles. The injured worker was able to demonstrate 10 degrees of extension in the lumbar region. The clinical note dated 12/19/13 indicates the injured worker continuing with severe low back pain with radiating pain to both lower extremities along with numbness and tingling. Upon exam, the injured worker was able to demonstrate a normal gait without any limp or assistance from an ambulatory aid. Tenderness was elicited upon palpation at the iliac crest. Tenderness was also identified at the lumbosacral junction and in both buttocks. No motor or sensory deficits were identified at that time. The clinical note dated 10/07/13 indicates the injured worker continuing with low back pain. There is an indication the injured worker has completed a full course of conservative therapy addressing the low back complaints. The clinical note dated 07/15/13 indicates the injured worker having previously undergone x-rays which revealed a grade 1 spondylolisthesis at L5 on S1. Degenerative disc disease was also identified at L3-4 and L4-5. The MRI of the lumbar spine dated 11/27/13 revealed the grade 1 anterolisthesis of L5 on S1 secondary to a bilateral Pars defect (fracture in the low spine). The central canal remained patent. However, a mild circumferential broad based disc bulge was identified with moderate to severe bilateral neuroforaminal narrowing impinging upon the exiting L5 nerve root. Additionally, a broad based disc bulge was identified at L3-4 extending 3-

4mm beyond the posterior margin of the vertebral body. Mild facet degenerative changes were also identified. The central canal remains patent. Mild right and moderate left foraminal narrowing was also identified. A mild circumferential broad based disc bulge extending 3mm beyond the posterior margin was identified at L4-5. The central canal remained patent. Mild bilateral foraminal narrowing was identified. The CT scan of the lumbar spine dated 11/27/13 revealed a bilateral spondylolysis at L5-S1 with a grade 1 anterolisthesis of L5. Moderate narrowing was identified at the disc space at L4-5 with mild narrowing at L3-4. The therapy note dated 10/15/13 indicates the injured worker able to demonstrate 50 degrees of lumbar flexion and 8 degrees of extension. The injured worker was also able to demonstrate 25 degrees of bilateral lateral flexion and 35 degrees of left rotation with 40 degrees of right rotation. The clinical note dated 03/28/13 indicates the injured worker continuing with 5-6/10 pain in the low back. The injured worker continued with the use of Vicodin and Tylenol for pain relief. The therapy note dated 10/23/13 indicates the injured worker having completed 18 physical therapy sessions to date. The note indicates the injured worker continuing with range of motion and strength deficits throughout the low back. The injured worker's past surgical history is significant for a right knee arthroscopic procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL TRANSFORAMINAL LATERAL INTERBODY FUSION AT L4-L5 AND L5-S1 WITH PEEK INTERBODY CAGES, BONE GRAFT SUBSTITUTE AND PEDICLE SCREW FIXATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 307.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: The documentation indicates the injured worker complaining of low back pain with radiating pain to the lower extremities. A lumbar fusion with interbody cages would be indicated provided the injured worker meets specific criteria to include significant findings confirmed by imaging studies and the clinical exam revealed significant findings. The MRI revealed significant findings at the L5-S1 level. However, the request includes the L4-5 level. No instability was identified at the L4-5 level confirmed by imaging studies. Additionally, there does not appear to be any radicular symptoms associated with the L4-5 level. Therefore, the injured worker may benefit from an L5-S1 fusion. However, given the lack of information confirming significant findings at the L4-5 level by clinical exam and imaging studies, the request does not meet guideline recommendations.

ASSISTANT SURGEON: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (Web), 2013, Low Back-Fusion.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline Or Medical Evidence: Physicians as Assistants at Surgery, 2011 Report; pages 29-30.

Decision rationale: Given the non-certification of the proposed surgery, the additional request for an assistant surgeon is non-certified.

ONE DAY INPATIENT HOSPITAL STAY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (Web), 2013, Low Back-Fusion.

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, Hospital In-Injured Worker Stay.

Decision rationale: Given the non-certification of the proposed surgery, the additional request for an assistant surgeon is non-certified.

PRE-OPERATIVE MEDICAL CLEARANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (Web), 2013, Low Back-Fusion.

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, Pre-Operative Clearance.

Decision rationale: Given the non-certification of the proposed surgery, the additional request for pre-operative clearance is non-certified.