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| Case Number: | CM14-0007861 | | |
| Date Assigned: | 02/07/2014 | Date of Injury: | 09/20/2009 |
| Decision Date: | 06/24/2014 | UR Denial Date: | 01/09/2014 |
| Priority: | Standard | Application Received: | 01/21/2014 |

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, has a subspecialty in Spine Surgery, and is licensed to practice in Texas and 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:

The injured worker is a 24-year-old female who reported injury on September 20, 2009. The mechanism of injury was the injured worker was ringing up a customer and went to walk away and felt a sharp pain. The documentation of October 7, 2013 revealed the physician had sent an appeal for surgery; however, it was denied. The prior office notes were not provided with physical examinations for review. The injured worker had decreased range of motion. Sensation was intact to bilateral lower extremities; however, reflexes were absent bilaterally in the ankles, and the strength of the extensor hallucis longus was 4/5 bilaterally. The diagnoses included right leg radiculopathy intermittent, L4-5 facet arthropathy, and lateral recess stenosis. Subsequent documentation of November 22, 2013 revealed the injured worker had complaints of low back pain all the time. There was a tingling sensation in the lumbar region. The injured worker underwent two radiofrequency ablations: the first on August 26, 2011 revealed temporary relief for three months, and on December 11, 2012 the second radiofrequency ablation revealed no benefit. The injured worker underwent an MRI of the lumbar spine in February 2013. The physician indicated that he had asked in September 2013 for surgery which was denied. The objective physical examination revealed decreased range of motion and muscle strength of 5/5. There was no tenderness or edema in either ankle or foot, and both ankles had full unrestricted motion. The straight leg raise was mildly positive at 90 degrees bilaterally. Sensation was normal in both lower extremities, with deep tendon reflexes of 2+ in the upper and lower extremities. The treatment plan included an L 4/5 posterior spinal instrumentation & fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

L 4/5 POSTERIOR SPINAL INSTRUMENTATION & FUSION: 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 rationale: The Low Back Complaints Chapter of the ACOEM Practice Guidelines indicate that a surgical consultation is appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies, preferably with accompanying objective signs of neural compromise; activity limitations due to radiating leg pain for more than 1 month or extreme progression of lower leg symptoms, and there should be documentation of 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 the failure of conservative treatment to resolve disabling radicular symptoms. Regarding a spinal fusion, the Low Back Complaints Chapter of the ACOEM Practice Guidelines indicate 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 spondylolesthesis if there is instability and motion in the segment operated on. The clinical documentation submitted for review failed to indicate the injured worker had spinal instability. There was no radiologic evidence submitted for review to support that the injured worker had spinal instability. The request for an L4-L5 posterior spinal instrumentation and fusion is not medically necessary or appropriate.