

Case Number:	CM14-0009974		
Date Assigned:	02/21/2014	Date of Injury:	01/31/2013
Decision Date:	08/13/2014	UR Denial Date:	12/28/2013
Priority:	Standard	Application Received:	01/24/2014

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 Minnesota and South Dakota. 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 patient is a 61-year-old male with a 1/31/13 date of injury, when he bent over, twisted his back, and felt pain in the back. 6/21/13 EMG studies revealed L5 radiculopathy and MRI from 3/5/13 revealed spondylolisthesis at L4-5 measuring 8 mm, grade II. There was also 6 mm disc herniation at L1-2 with moderate central stenosis and mild foraminal stenosis at L5-S1. 12/4/13 Progress note described ongoing low back pain and failure of conservative treatment. On physical exam, there was reduced range of motion, weakness in the right quadriceps, decreased sensation in the right foot, and positive SLR on the right. Treatment to date has included activity modification, PT, and medication. The treating provider has requested lumbar spine decompression at L1-L2 and anterior lumbar interbody fusion L4-L5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR SPINE DECOMPRESSION AT L1-L2 AND ANTERIOR LUMBAR INTERBODY FUSION L4-L5 AND L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, 2nd Edition, (2004), Chapter 12 Low Back Complaints, pages 305-307 and on the MTUS Chronic Pain Medical Treatment Guidelines, Low Back Complaints and on the Non-MTUS Official Disability Guidelines (ODG) Low back chapter and Other Medical Treatment Guideline or Medical Evidence: AMA Guides to the Evaluation of Permanent Impairment, Fifth Edition criteria for Instability page 379.

Decision rationale: Medical necessity for lumbar spine decompression at L1-2 and anterior lumbar interbody fusion at L4-5 and L5-S1 is not established. This request obtained an adverse determination, as it was unclear why decompression surgery was necessary at L1-2. It was noted that pathology is plainly at L4-5, and not all disc herniations are symptomatic, including the L1-2 level in this case. EMGs also did not reveal radiculopathy at this level. Furthermore, fusion at L5-S1 was also not justified. These issues were not addressed. While it is clear, according to imaging, electrodiagnostic studies, and clinical evidence that there is pathology at the L4-5 level, that could be reasonable addressed through surgical treatment, the remaining levels are not substantiated. There is no discussion regarding diagnostic steroid injections, identifying the L1-2 and L5-S1 levels as pain generators, and clinically it was not demonstrated that there were findings consistent with anatomic nerve impingement. Utility of fusion at L5-S1 was not discussed. Guidelines support surgical intervention for patients who are severely physically limited, have failed conservative treatment, and have corroborating objective evidence, demonstrating pathology at the requested level. The medical necessity for the requested service is not established. The requested service is not medically necessary.