MAXIMUS Federal Services

Case Number:	CM14-0103284		
Date Assigned:	08/01/2014	Date of Injury:	08/17/2012
Decision Date:	08/29/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	07/03/2014

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 43-year-old male who reported an injury on 08/17/2012 due to a slip and fall. The injured worker reportedly sustained an injury to his low back. The injured worker's treatment history included physical therapy, medications, and epidural steroid injections. The injured worker underwent an MRI on 01/23/2013 that documented there was a disc bulge at the L4-5 with annular tearing causing mild spinal canal stenosis and evidence of facet arthropathy. It was also noted that there was a disc extrusion at the L5-S1 with partial effacement of the left lateral recess and direct impression on the descending left S1 nerve root with evidence of mild central canal stenosis and bilateral facet arthropathy. The injured worker was evaluated on 04/24/2014, it was noted that the injured worker had persistent pain complaints radiating into the bilateral lower extremities exacerbated by prolonged activities. Physical findings included tenderness and spasm of the lumbar paraspinal musculature with severe loss of range of motion secondary to pain. The injured worker had a positive left-sided straight leg raising test with decreased sensation in the L5-S1 distribution and absent Achilles reflex on the left leg. The injured worker's diagnoses included musculoligamentous sprain/strain of the lumbar spine, and herniated discs at the L5-S1 causing severe left-sided radiculopathy. A request was made for an anterior lumbar decompression with interbody arthrodesis at the L5-S1 followed by a posterior laminectomy and decompression at the L5-S1 on the left side.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior lumbar decompression and interbody arthrodesis, L5-S1 (Lumbar 5-Sacral 1), followed by a posterior laminotomy and decompression, L5-S1 left side: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306, 307. Decision based on Non-MTUS Citation ODG-TWC (Official Disability Guidelines- Treatment in Workers' Compensation), Low Back Procedure Summary (updated 3/31/14): Indications for surgery: discectomy/laminectomy and Patient selection criteria for lumbar fusion.

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

Decision rationale: The requested anterior lumbar decompression and interbody arthrodesis at the L5-S1 followed by posterior laminectomy and decompression at the L5-S1 left side is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend surgical intervention for injured workers who have disabling lower extremity symptoms correlative of nerve root pathology identified upon an imaging study. The clinical documentation submitted for review does indicate that the injured worker has significant S1 nerve room impingement. The injured worker has clinically evidence radiculopathy correlative of the S1 dermatomal distribution. Therefore, surgical intervention would be indicated in this clinical situation. However, the request includes interbody arthrodesis. The American College of Occupational and Environmental Medicine do not recommend fusion in the absence of instability. The clinical documentation submitted for review did not provide any evidence of instability to support the need for fusion surgery. As such, the requested anterior lumbar decompression and interbody arthrodesis at the L5-S1 (Lumbar 5 and Sacral 1) followed by a posterior laminectomy and decompression, L5-S1 left side is not medically necessary or appropriate.

3 days inpatient stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC (Official Disability Guidelines- Treatment in Workers' Compensation) Low Back Procedure Summary (updated 12/27/13): Official Disability Guidelines (ODG) hospital length of stay (LOS) guidelines.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC (Official Disability Guidelines- Treatment in Workers' Compensation), Low Back Procedure Summary (updated 10/9/13): Criteria foe use for invasive or non-invasive bone growth simulators.

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.