

Case Number:	CM14-0105506		
Date Assigned:	08/04/2014	Date of Injury:	01/04/2011
Decision Date:	09/19/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/08/2014

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 Spine 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 54 year-old female who reported an injury on 01/04/2011. The mechanism of injury was the injured worker was helping a large passenger up who had fallen. The injured worker was noted to have an anterior cervical discectomy and fusion at C5-6 and C6-7 in 2002. The injured worker had a cervical spinal cord stimulator implantation in 02/2004 and a removal in 07/2013. Prior therapies were noted to include medications, physical therapy, lumbar epidural steroid injections, and the removal of the implanted spinal cord stimulator in 07/2013. The injured worker underwent a lumbar myelogram most recently on 05/19/2014 which revealed the injured worker had unequivocal positive provocative discogram at L4-5 and L5-S1, with a negative control at L3-4 and mild pain at L2-3. On second testing, the injured worker felt pain at all levels, but the initial testing was slow with steady pressure and only L4-5 and L5-S1 were positive. The injured worker underwent electrodiagnostic studies on 12/16/2013 which revealed electrophysiological evidence of a worsening study since 01/24/2012. There was mild bilateral L5 radiculopathy and mild bilateral S1 radiculopathy and ongoing denervation due to left S1 radiculopathy. There was a normal nerve conduction velocity finding with no electrophysiological evidence of peripheral sensory motor neuropathy. The documentation indicated the injured worker underwent a lumbar MRI on 07/16/2013 which revealed a 3.7 mm circumferential disc bulge with moderate disc desiccation and moderate neural foraminal narrowing and a posterior annular tear at L3-4 and L5, and to a lesser extent, L5-S1. The documentation of 06/10/2014 revealed the injured worker had constant severe pain in the lumbosacral spine. The pain was greater inferiorly at the lumbosacral junction. The injured worker had pain radiating down the posterolateral aspect of both lower extremities with weakness of both lower extremities and associated numbness, tingling, and paresthesias. The injured worker was noted to continue to experience numbness in the peroneal area and have

complaints of incontinence of stool occasionally, and frequent incontinence of urine during the day and night. The physical examination revealed decreased range of motion. The injured worker had 0 degrees of extension and had increased pain. There was hypoesthesia of the lateral dorsum of both feet. There was mild hypoesthesia of the mid dorsum of both feet. There was hypoesthesia of the lateral aspect of the right leg. There was weakness of the right great toe extensor and the right anterior tibialis with some weakness on the left side but to a lesser degree. The deep tendon reflexes were 1+ at the ankles. The nerve root tension signs were slightly positive bilaterally for the sciatic stretch sign. The diagnoses included degenerative disc disease lumbosacral spine multilevel most significant at L4-5 and L5-S1 with radiculopathy to the lower extremities. The discussion and treatment plan included the injured worker be seen by a urologist. The documentation indicated the provocative discogram was not accomplished as it was normal at L3-4 with only minimal discomfort at L2-3, and it was unequivocally positive at L4-5 and L5-S1. This was consistent with greater findings at L4-5 and L5-S1 on a previous MRI. The physician opined this allowed the surgery to be limited to the most painful levels. The physician documented the injured worker was advised she had a degeneration in the levels above, but it was not nearly as severe, and as mostly the pain was inferior, a 2 level fusion would be appropriate. The request was made for a decompression laminectomy and discectomy at L4-5 and L5-S1 with posterolateral fusion bone graft, pedicle screw fixation, and posterior interbody fusion with implants. There was a Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decompression Laminectomy and Discectomy L4-L5 and L5-S1 Posterior Fusion with Bone Graft and Pedicle Screw Fixation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Surgery; Discectomy/Laminectomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

Decision rationale: The American College of Occupational and Environmental Medicine indicates a surgical consultation may be 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. There should be documentation of activity limitations due to radiating leg pain for more than 1 month or extreme progression of lower leg symptoms. There should be clear clinical, imaging, and electrophysiological evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. There should be documentation of a failure of conservative treatment to resolve disabling radicular symptoms. The clinical documentation submitted for review indicated the injured worker had objective findings upon physical examination. The injured worker had electrodiagnostic studies with findings at L5-S1. There were no findings at L4-5 level. The lumbar discogram indicated the injured worker had findings at the level of L4-5 and L5-S1. There was a lack of documentation indicating the injured worker had instability to

support the necessity for a posterior fusion. There was a lack of documentation indicating the duration of conservative care that was provided and that conservative care had failed. Given the above, the request for Decompression Laminectomy and Discectomy L4-L5 and L5-S1 Posterior Fusion with Bone Graft and Pedicle Screw Fixation is not medically necessary.

Inpatient Hospital Stay: Upheld

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

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.