

Case Number:	CM14-0109301		
Date Assigned:	08/01/2014	Date of Injury:	04/29/2011
Decision Date:	09/03/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/14/2014

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 38-year-old male who reported injury on 04/29/2011. The mechanism of injury was the injured worker strained his low back while catching a paint spray machine that slipped out of his hands. Prior treatments included physical therapy, acupuncture, chiropractic treatment, and a lumbar spine laminectomy and microdiscectomy at L5-S1 on 05/09/2013 and medication. The documentation indicated the injured worker underwent an x-ray of the lumbar spine and the oblique view showed no defect in the pars. The anterior-posterior view was normal. The lateral view revealed narrowing at L5-S1 with metallic artifact in the region of the iliac crest. The injured worker underwent a magnetic resonance imaging (MRI) of the lumbar spine with and without contrast on 02/04/2014 which revealed at the level of L5-S1, there was a residual 1 to 2 mm broad posterior disc protrusion demonstrating enhancement as well as a 4 mm left foraminal disc protrusion with a high intensity zone demonstrating enhancement which resulted in moderate left neural foraminal narrowing. The spinal canal and right neural foramen were patent. There was mild facet arthropathy at L4-5 and L5-S1. The documentation of 05/23/2014 revealed the injured worker had complaints of severe low back pain rated at a 9/10. There was tenderness to palpation in the bilateral paraspinals. The injured worker had decreased range of motion and a positive straight leg raise on the left. The sensory examination revealed decreased sensation on the left at L5-S1. The muscle group testing was 4/5 for all tested muscle groups including resisted hip flexion, hip extension, knee flexion, knee extension, ankle dorsiflexion and eversion, ankle plantar flexion and toe extension. The diagnoses included lumbar disc herniation L5-S1 with radiculopathy, status post lumbar spine laminectomy and microdiscectomy at L5-S1 on 05/09/2013. The discussion included the injured worker had not responded to a lumbar epidural steroid injection and had continued debilitating low back pain. The treatment plan was an anterior discectomy and fusion at L5-S1 and posterior fusion at L5-S1

with instrumentation. The injured worker's previous treatments included therapy, anti-inflammatory medications, analgesics, and other type of medications per the physician documentation. The physician opined the nonoperative treatments gave temporary and short lasting effects. Additionally, a request was for a psychiatric consult to evaluate the injured worker and treat him on a possible industrial causation due to symptoms of depression and

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Discectomy and fusion L5-S1 and Posterior Fusion L5-S1 with Instrumentation:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307-309.

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM) Guidelines indicate a referral for a surgical consultation may be appropriate for injured worker's who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging, preferably with accompanying objective signs of neural compromise, activity limitations due to radiating leg pain for more than 1 month, or the extreme progression of lower leg symptoms. 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. There should be documentation of a failure of conservative treatment. Clinicians should consider referral for psychological screening to improve surgical outcomes. They further indicate that there is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back pain in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. The clinical documentation submitted for review indicated the injured worker had objective findings upon physical examination. However, there was a lack of documentation indicating the injured worker had nerve impingement per the magnetic resonance imaging (MRI). The MRI indicated the injured worker had a 1 to 2 mm residual posterior disc protrusion at L5-S1 without evidence of spinal stenosis or nerve compression. There was no electrodiagnostic study supplied for review. The injured worker was noted to have been referred for psychological evaluation due to depression. As per the guidelines it is recommended that the surgeon consider psychological screening and the injured worker had symptoms and psychological complaints, it would be appropriate to have the evaluation prior to approval for surgery. Given the above, the request for anterior discectomy and fusion L5-S1 and posterior fusion L5-S1 with instrumentation is not medically necessary.