

Case Number:	CM14-0010088		
Date Assigned:	02/21/2014	Date of Injury:	10/16/2002
Decision Date:	09/22/2014	UR Denial Date:	01/13/2014
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 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:

This is a 53 year old female with a 10/16/02 injury date. No mechanism of injury is provided. She last worked in May 2012. In the most recent follow-up on 1/6/14, the patient continues to have low back pain with bilateral lower extremity radiating pain with a severity of 8/10. She is having increasing immobility and it is affecting her function and quality of life. There is numbness, tingling, and burning down both of her legs, down to her feet, left worse than right. She has to be hunched over more often now to decrease her pain. Objective findings include antalgic gait but with normal heel and toe walking. She sits in a forward flexed position of 20-30 degrees. There is lumbar tenderness to palpation at the midline and paraspinal muscles. There is decreased sensation at the left L5 dermatome. Strength is 5-/5 bilaterally in the psoas, quads, hamstrings, tibialis anterior, plantarflexors, everters, right EHL, and inverters. There is 4+/5 strength in left EHL and inverters. Reflexes are normal bilaterally. SLR is positive on the left side at 60 degrees with radiating symptoms to her foot. SLR is positive on the right side at 80 degrees with radiating symptoms to her foot. CT scan of the lumbar spine on 1/15/13 shows a solid fusion at L4-5 with evidence of hardware removal and no residual stenosis at that level. There is diffuse disc bulging at L3-4 with moderate facet arthropathy, and moderate right and mild-moderate left foraminal narrowing at this level. MRI of the lumbar spine on 11/21/13 shows moderate to severe canal stenosis at L3-4, neural foraminal narrowing of L3-4 bilaterally and L5-S1 on the right side, and postop changes of L4-5. EMG of the lower extremities on 11/27/12 shows bilateral symmetrical prolonged H reflexes which may suggest bilateral S1 root involvement, and decreased CMAP amplitude of bilateral tibial motor response likely due to AAH atrophy, which may reflect chronic bilateral L5/S1 radiculopathy. Diagnostic impression: lumbar spondylolisthesis, lumbar degenerative disc disease, lumbar disc herniation, lumbar spinal stenosis. Treatment to date: acupuncture, medication management, LSO brace, physical

therapy. Epidural steroid injections, multiple. A prior UR decision dated 1/13/14 denied the request for extension of lumbar fusion to L3-4 on the basis that there were no imaging reports provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

SX - EXTENSION OF FUSION TO L3-4 WITH ASSOCIATED LAMINECTOMIES, POSTERIOR SPINAL FUSION, OP: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS 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.

Decision rationale: CA MTUS states that surgical intervention is recommended for patients who have severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; 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 failure of conservative treatment. In addition, CA MTUS states 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 spondylolisthesis if there is instability and motion in the segment operated on. In the present case, the imaging reports have been provided, including the MRI on 11/21/13. The patient appears to have severe and disabling lower leg symptoms in a distribution consistent with pathology seen on the imaging studies, and with accompanying objective signs. Her activity limitations have been present for longer than one month and appear to be progressing. There has been a failure of a significant period of conservative care which has included medications, physical therapy, bracing, injections, and acupuncture. In addition, the patient is ready to pursue surgical options at this time. Therefore, the request for Extension of fusion to L3-L4 with associated laminectomies, posterior spinal fusion, OP, is medically necessary.