

Case Number:	CM14-0011088		
Date Assigned:	02/21/2014	Date of Injury:	12/15/2005
Decision Date:	08/06/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/27/2014

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:

The patient is a 38-year-old male with a December 15, 2005 date of injury. A specific mechanism of injury was not described. A January 7, 2014 determination was non-certified, given that the x-ray report of the lumbar spine was not provided, there was a discrepancy between the MRI scan report by radiologist and the treating physician's interpretation in regards to retrolisthesis at L5 on L4, there was no psychological clearance, and the patient was a smoker. A December 12, 2013 medical report identified low back pain radiating down the left leg all the way to the calf. The pain ranged from 5-8/10. The patient had undergone medication, physical therapy, chiropractic treatment, acupuncture, and epidural injection. Exam revealed increased pain with flexion and extension. Neurologic exam and sensory exam was intact. The patient smokes half a pack of cigarettes a day. X-rays revealed loss of disc height at the L4 to S1 with retrolisthesis of L5 on S1 and instability with flexion/extension. An MRI revealed retrolisthesis at L5 on L4, foraminal stenosis at the bilateral L5-S1 that was high grade on the right and moderate on the left. 12/6/13 lumbar spine MRI report revealed at L4-5 a 1-2mm disc protrusion present. This does not appear to be resulting in significant neural foraminal exit zone compromise or spinal stenosis. L5-S1 loss of disc space height. There is a broad 4-5 mm disc protrusion, which is seen to extend into both neural foraminal exit zones. Moderate to high-grade right and moderate left neural foraminal exit zone compromise is seen with borderline spinal stenosis. An October 29, 2013 electrodiagnostic test revealed bilateral tibial and peroneal motor F-waves were mildly prolonged in onset latency, and bilateral tibial H-reflexes were mildly prolonged in onset latency, and both with adequate amplitudes. A September 24, 2013 medical report identified that x-rays revealed loss of disc height at the L4-S1 levels with retrolisthesis of L5 on S1, almost close to being 5mm, with instability on flexion and extension. There was also foraminal stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Laminectomy Posterior Spinal Fusion with Instrumentation: Upheld

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

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; as well as the American Medical Associations Guides to the Evaluation of Permanent Impairment, Fifth Edition, Criteria for Instability, page(s) 379.

Decision rationale: The California MTUS Guidelines state 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 this case, the patient has symptoms in the L5-S1 distribution and the MRI revealed moderate to severe bilateral foraminal stenosis. However, the physical exam findings did not reveal any neurological deficits concordant with the level requested. In addition, on the most recent report the provider identifies that the MRI revealed retrolisthesis at L4-5, yet, the imaging report did not identify such findings. In addition, it was not clear how these findings would affect the request for a L5-S1 fusion. Furthermore, there are two reports from the provider identifying instability at L5-S1, however, no formal x-rays reports were provided, and the MRI did not revealed any listhesis at this level. In the absence of clear documentation, this request is not medically necessary.

Post Lateral Interbody Fusion at L5-S1: Upheld

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

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; as well as the American Medical Associations Guides to the Evaluation of Permanent Impairment, Fifth Edition, Criteria for Instability, page(s) 379.

Decision rationale: The California MTUS Guidelines state 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 to resolve disabling radicular symptoms. The Official Disability Guidelines state that until further research is conducted there remains insufficient evidence to recommend fusion for chronic low back pain in the absence of stenosis and spondylolisthesis. In this case, the patient has symptoms in the L5-S1 distribution and the MRI revealed moderate to severe bilateral foraminal stenosis. However, the physical exam findings did not reveal any neurological deficits concordant with the level requested. In addition, on the most recent report the provider identifies that the MRI revealed retrolisthesis at L4-5, yet, the imaging report did not identify such findings. In addition, it was not clear how these findings would affect the request for a L5-S1 fusion. Furthermore, there are two reports from the provider identifying instability at L5-S1, however, no formal x-rays reports were provided, and the MRI did not revealed any listhesis at this level. In the absence of clear documentation, this request is not medically necessary.

Medical Clearance: 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: Given that the requested surgical procedure is not medically necessary. The requested associated pre-operative clearance is also not medically necessary.

3-in-1 Commode: 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: Given that the requested surgical procedure is not medically necessary. The requested associated 3-in-1 commode is also not medically necessary.

Front Wheel Walker: 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: Given that the requested surgical procedure is not medically necessary. The requested associated front wheeled walker is also not medically necessary.

Custom Molded Thoracolumbosacral Orthosis (TLSO) Brace: 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: Given that the requested surgical procedure is not medically necessary. The requested associated thoracolumbar brace is also not medically necessary.

Inpatient Stay (5-days): 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: Given that the requested surgical procedure is not medically necessary. The requested associated inpatient stay is also not medically necessary.