

Case Number:	CM14-0012265		
Date Assigned:	02/21/2014	Date of Injury:	04/23/1990
Decision Date:	08/07/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/30/2014

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 61-year-old female patient with a 4/23/90 date of injury. 11/20/13 progress report indicates continued symptoms lumbar spine; the patient was battling chronic symptoms for prolonged period; had couple cervical spine epidural injections; these have caused some problems; does not wish further consideration for low back injections; fair amount of pain; affects quality of life/activities of daily living/mental status; symptoms in cervical spine/bilateral shoulders/right elbow essentially unchanged. Exam findings include: cervical spine: essentially unchanged; tenderness cervical paravertebral muscles/upper trapezial muscles with spasm; pain with terminal motion; neurovascular intact; bilateral shoulders: unchanged; tenderness at anterior shoulders; positive Hawkin's impingement sign; pain with terminal motion; right elbow: unchanged; tenderness at right lateral/medial epicondyle; positive Cozen's sign; pain with terminal flexion; lumbar spine: pain/tenderness right across iliac crest into lumbosacral spine; standing flexion/extension guarded/restricted; some dysesthesia/weakness L4-5 innervated motor groups; does admit to giving way of legs/dragging feet. Diagnoses include status post removal cervical hardware; status post C5-C7 anterior cervical discectomy/fusion (ACDF); bilateral shoulder impingement syndrome with superior labral tears; right elbow lateral/medial epicondylitis; lumbar discopathy/facet arthropathy; electrodiagnostic evidence right tarsal tunnel syndrome. Treatment to date has included intramuscular injection 2 cc Toradol mixed with 1cc Marcaine; intramuscular injection vitamin B-12 complex, medication, PT, lumbar ESI, activity modification. 4/8/13 lumbar MRI demonstrates, at T12-L1, L1-L2: disc/theal sac/neural foramina normal; facets normal; L2-L3, L3-L4: bilateral facet hypertrophy; L4-L5: disc dessication; 2 mm disc bulge left neural foramen with increased signal within disc bulge; thecal sac is normal; inferior left neural foramen narrowing; right neural foramen normal; L5-S1: bilateral facet hypertrophy. No fracture or listhesis; multilevel facet hypertrophy as described;

L4-L5 disc dessication; 2 mm left neural foraminal disc bulge with focal increased signal suggestive of annular tearing; inferior left neural foraminal narrowing; thecal sac/neural foramina appear normal at all other levels. There is documentation of a previous 1/2/14 adverse determination for lack of evidence of progressive neurological dysfunction or excessive segmental motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

One posterior lumbar interbody fusion with instrumentation and neural decompression at l4-l5 with iliac crest marrow aspiration/ harvesting and possible junctional levels: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

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, Decompression, Fusion.

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. The patient presents with a clinical presentation consistent with L5 radiculopathy, corroborated by subjective complaints, focal neurologic deficits and nerve root compromise at L4-5 on imaging reports. The patient is reported to have failed to respond to attempts at intramuscular injection vitamin B-12 complex, medication, PT, lumbar ESI, activity modification. However, there is no indication for fusion. There are no findings of dynamic instability on flexion-extension X-rays. There is no imaging evidence of degenerative spondylolisthesis or functional spinal unit failure. A psychological clearance was not obtained. Therefore, the request for one posterior lumbar interbody fusion with instrumentation and neural decompression at l4-l5 with iliac crest marrow aspiration/ harvesting and possible junctional levels was not medically necessary.

Three day 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.

One assistant surgeon: 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.

One 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

One 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

One Ice Unit: 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.

One bone stimulator: 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.

One 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

One 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.