

Case Number:	CM14-0012622		
Date Assigned:	02/21/2014	Date of Injury:	01/06/2009
Decision Date:	08/06/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/31/2014

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 Occupational Medicine 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 52-year-old male who has submitted a claim for Status Post L3 to S1 Posterior Lumbar Interbody Fusion (PLIF) with Removal of Left-sided Hardware associated with an industrial injury date of January 6, 2009. Medical records from 2012 through 2014 were reviewed, which showed that the patient complained of persistent low back pain radiating to the left lower extremity with associated tingling and numbness. On physical examination, there was a well-healed incision in the distal lumbar spine. There was reproducible pain throughout the paravertebral muscles, left more pronounced than the right, extending from L3 to the sacrum. There was tenderness in the greater sciatic notch extending down the left lower extremity in what appears to be the L5 and S1 dermatomes. There was weakness of the left ankle. Tinel's was negative near the fibular head. Foot drop and weakness of the extensor hallucis longus, ankle dorsiflexors, and plantar flexors were also noted. EMG/NCS of both lower extremities dated December 6, 2013 revealed a normal NCS with an abnormal EMG finding of left chronic L4 denervation (clinically - radiculopathy). A CT of the lumbar spine dated January 22, 2014 showed that the patient was status post laminectomies at L2-3 through L5-S1 with lumbar interbody fusion at L4-5 and L5-S1 and posterolateral fusion at L2-3 to L5-S1 with right-sided posterior rod and pedicle screw fixation at L3-S1. The interbody fusion appeared mature. There was residual grade I 4-5 mm anterolisthesis of L4 on L5. At the level of the fusion, the spinal canal was decompressed posteriorly by laminectomies. There was however, moderate left neuroforaminal narrowing at L5-S1, mild to moderate bilateral neuroforaminal narrowing at L4-5 and mild right neuroforaminal narrowing at L3-4 on the basis of osteophytosis. There was also a 2-3 mm left foraminal disc protrusion at L2-3 with resultant mild left neuroforaminal narrowing. Flexion and extension dynamic radiographs of the lumbar spine dated April 16, 2014 revealed rod and screw fixations on the right side at the levels of L3 to S1. Solid bone

incorporation and grafting had been noted with intervertebral cages as well as posterolateral bone augmentation and complete decompression. Treatment to date has included medications, physical therapy, epidural steroid injections, piriformis injections, and three lumbar spine surgeries including L5-S1 laminectomy and decompression. A utilization review from January 3, 2014 denied the request for L3-L4 and L5-S1 Nerve Root Decompression with Laminectomy because there were no recent imaging studies showing evidence of central, foramina, or lateral recess stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-L4 AND L5-S1 NERVE ROOT DECOMPRESSION WITH LAMINECTOMY:

Overtured

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 rationale: According to pages 305-307 of the ACOEM Guidelines, lumbar 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. The Guidelines also state that surgical discectomy for carefully selected patients with nerve root compression due to lumbar disk prolapse provides faster relief from the acute attack than conservative management. In this case, there were clear clinical, imaging, and electrodiagnostic evidence of nerve root compromise. As mentioned above, surgical discectomy provides faster relief for such conditions than conservative management. Therefore, the request is medically necessary.