MAXIMUS Federal Services

Case Number:	CM14-0012789		
Date Assigned:	02/21/2014	Date of Injury:	09/26/2011
Decision Date:	07/07/2014	UR Denial Date:	01/15/2014
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 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 injured worker is a 48-year-old male who reported an injury on 09/26/2011. The mechanism of injury was a slip in some grease on the surface to the street, and the injured worker was carrying a briefcase in 1 hand, and a computer bag in the other, and the claimant fell in an awkward position. The documentation indicated that the prior treatments included medications, and physical therapy. Additionally, the claimant had 2 epidural steroid blocks. The documentation of 12/16/2013 revealed that the claimant was totally dependent on medications, and had no quality of life. The diagnoses included L4-5 degenerative disc disease and stenosis. The recommendation was for an L4-S1 360 degree fusion, an epidural steroid injection, and medications. The claimant underwent an MRI of the lumbar spine on 12/06/2013 which revealed that there were chronic spondylotic defects involving the pars interarticularis of the L4 with mild degenerative anterolisthesis. There was rather advanced disc degeneration at this level with disc space narrowing, vacuum cleft, and a broad-based posterior disc protrusion. There was facet arthropathy worse to the right with associated right-sided facettes also present. It was indicated that the combination of the above findings resulted in moderately severe to severe bilateral foraminal stenosis with right-sided subarticular recess stenosis. Contributing to the right-sided subarticular recess stenosis was the described facettes. There was a chronic spondylotic defect involving the pars into the Carson L5 noted. There was mild degenerative anterolisthesis. There was disc degeneration with vacuum cleft and a broad-based disc protrusion. There was marginal end-late remodeling and ridging worse to the right. The findings contributed to moderately severe right with mild left-sided foraminal stenosis. The physical examination revealed the claimant's lumbar range of motion was 70 degrees flexion, lateral flexion 30 degrees bilaterally, and extension 20 degrees. The straight leg raise was negative. The neurologic examination revealed intact sensation and deep tendon reflexes that

were intact. The claimant had weakness of the right gastroc nemius muscle and the anterior tibialis muscle. The diagnoses were L4-S1 spondylolisthesis, stenosis, and spondylosis. The treatment plan included the claimant had failed conservative treatment and had pathology at L4-L5, and L5-S1 requiring an L4-S1 anterior-posterior fusion. Additionally, it was opined that the claimant should have a lumbar epidural steroid injection as a temporary measure until surgery was approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

INPATIENT L4-L5 AND L5-S1 DECOMPRESSION AND FUSION STAGED: 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 rationale: The MTUS/ACOEM Guidelines indicate that surgical consultation is appropriate for claimants who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies, preferably with accompanying objective signs of neuro compromise, activity limitations due to radiating leg pain for more than 1 month, or extreme progression of lower leg symptoms, clear clinical, imaging and electrophysiological evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair, and a failure of conservative treatment to resolve disabling radicular symptoms. Additionally, they indicate that direct methods of nerve root compression include laminotomy, discectomy, and laminectomy. The clinical documentation submitted for review failed to indicate that the claimant had electrophysiological evidence of a lesion, and while it was indicated that the claimant had a failure of conservative care, there was a lack of documentation indicating the type of conservative care and the duration of conservative care for the pain. The claimant had objective findings at the level of L4-L5. The MRI documented findings at the levels of L4 and L5. There was a lack of findings at the level of L5-S1This portion of the request would not be supported. The MTUS/ACOEM Guidelines indicate that the surgical treatment for spinal stenosis is not appropriate except for cases of trauma related spinal fracture or dislocation, fusion of the spine is not considered in the first 3 months. Patients with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion. The clinical documentation indicated that the claimant had been treated with epidural steroid injections, medications, and physical therapy. There was a lack of documentation indicating the claimant had instability at L5-S1. The California MTUS/ACOEM guidelines do not address hospital length of stay. As such, secondary guidelines were sought. The Official Disability Guidelines indicates that the best practice target for a fusion is 3 days. The request as submitted failed to indicate the quantity of days being requested. Additionally, the requested surgical intervention was not approved, so the requested inpatient stay would not be approved. Given the above, the request for inpatient L4-5, and L5-S1 decompression and fusion staged is not medically necessary and appropriate.