

Case Number:	CM14-0111626		
Date Assigned:	08/01/2014	Date of Injury:	08/14/2007
Decision Date:	09/10/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/17/2014

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 Texas. 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 61-year-old male who reported an injury 08/14/2007. The diagnoses included low back pain, radiculopathy and lumbar instability, stenosis. The mechanism of injury was the injured worker mis-stepped while stepping down from his truck and fell backwards, hurting his low back. The prior treatments included work modifications, physical therapy, epidural steroid injections, a TENS unit, facet nerve blocks, a radiofrequency ablation, SI joint injections, and selective nerve root block. The surgical history was noncontributory. The injured worker underwent an EMG/NCV of the bilateral lower extremities on 01/20/2014 which revealed nerve conduction velocity findings of the chronic severe motor axonal neuropathy of the left lower extremity compatible with a history of polio and the injured worker was not able to tolerate the EMG. The documentation of 05/15/2014 revealed the injured worker completed an MRI of the lumbar spine. The symptoms continued, including back pain and lower extremity symptoms. The injured worker had paresthesias and numbness, tingling, and weakness of the lower extremities. The documentation indicated on the right the injured worker's sensation was intact to pinprick, soft touch and vibration. The strength was 4/5 in the EHL. The examination of the left lower extremity revealed atrophy throughout the left lower extremity proximal to and distal secondary to polio. The straight leg raise was negative. The sensation was intact to pinprick, soft touch and vibration sense. The EHL strength was 4/5. The radiologic studies revealed the injured worker underwent an x-ray of the lumbar spine and there were degenerative changes at L3-4, L4-5 and L5-S1. There were narrow disc spaces at all 3 levels. This was noted to be worse at L4-5. The documentation indicated the injured worker's MRI results of 04/29/2014 revealed a new synovial cyst that was large in size at L4-5. This was noted to be causing significant compression on the dural sac at this level. There was bilateral foraminal stenosis and disc herniation at L5-S1. There were facet changes with instability of L4-5 and L5-

S1. There was a disc osteophyte at L3-4 with a disc bulge. There was mild compression upon the right exiting L3 nerve root. The treatment plan included the injured worker had instability and mechanical low back pain of the lumbar spine as per the facet changes of L4-5 and L5-S1 and the injured worker had significant compression upon the dural sleeve at L4-L5 secondary to a large facet cyst. The treatment plan included a posterior lumbar decompression and fusion at L4-5 and L5-S1 and possibly L3-4 requiring pedicle screw fixation mentation. Additionally, the request was made for an external bone stimulator postoperatively, in addition to a lumbar sacral brace, along with medical and cardiac clearance prior to surgery, in addition to pre-admission testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posterior lumbar decompression laminectomy and fusion with instrumentation and use of allograft and autograft material at L4-L5 and L5-S1, and possibly L3-L4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar and Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307-309.

Decision rationale: The California ACOEM Guidelines indicate a surgical consultation is appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging, preferably with accompanying objective signs of neural compromise. There should be documentation of activity limitations due to radiating leg pain for more than 1 month or extreme progression of lower leg symptoms. There should be clear clinical, imaging and electrophysiologic evidence of a lesion that has shown to benefit in both the short and long term from surgical repair and documentation of a failure of conservative treatment. Additionally, the guidelines further indicate that direct methods of nerve root decompression include laminotomy, standard discectomy and laminectomy. There is no good evidence from controlled trials that spinal fusion alone is effective for treatment of any type of acute low back problem in the absence of spinal fracture, dislocation or spondylolisthesis if there is instability in motion in the segment operated upon. The clinical documentation submitted for review indicated the injured worker had objective findings upon physical examination. The MRI was noted to have positive findings. However, the MRI was not presented for review. There was a lack of documentation of findings upon electrodiagnostics as there was no study provided to support the need for a laminectomy. There was lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for posterior lumbar decompression laminectomy and fusion with instrumentation and use of allograft and autograft material at L4-L5 and L5-S1, and possibly L3-L4 is not medically necessary.

External bone stimulator: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the primary service is not supported, this associated service is also not supported.

Lumabr sacral brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back chapter.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the primary service is not supported, this associated service is also not supported.

Pre-operative medical and cardiac clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Procedures.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the primary service is not supported, this associated service is also not supported.

Preadmission testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Procedures.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the primary service is not supported, this associated service is also not supported.

Bone marrow aspiration: 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: As the primary service is not supported, this associated service is also not supported.