

Case Number:	CM14-0112188		
Date Assigned:	08/01/2014	Date of Injury:	03/24/2011
Decision Date:	09/23/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/18/2014

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 Spine Surgeon 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 36-year-old female who reported injury on 03/24/2011. The mechanism of injury was a fall. Prior therapies included complete discectomies at L4-5 and L5-S1, decompression of the lumbar cauda equina and L5-S1; placement of interbody structural implant at L4-5 and L5-S1 on 04/23/2013. The injured worker underwent electrodiagnostic studies on 05/15/2012. The studies revealed a normal study with no electrodiagnostic evidence of bilateral lumbosacral radiculopathy or any other bilateral limb nerve problem. The injured worker's office visit dated 06/18/2014 revealed the injured worker had complaints of severe axial lumbar pain of a 4/10. The documentation indicated the injured worker had an MRI that was consistent with a large central disc extrusion and severe stenosis with 90% canal compromise at L3-4 where the physician documented the injured worker had grade 1 spondylolisthesis on flexion and extension radiographs. The injured worker's medications were noted to include Norco 10/325 mg tablets. The physical examination revealed the left quadriceps measured 49 cm in circumference in the right quadriceps measured 53 in circumference. The physical examination revealed the injured worker had left quadriceps strength of 4-/5. The injured worker had 4/5 strength in the EHL. The injured worker had sensory testing for pain, light touch, position, and vibration in the lower leg that was abnormal on the left anterolateral calf. The diagnoses included acquired spondylolisthesis, spondylosis with lumbar myelopathy, spinal stenosis, lumbar with neurogenic claudication, lumbar radiculitis and displacement of an intervertebral disc unspecified. The treatment plan and discussion included the injured worker had an L4-S1 discectomy and fusion and had healed from it and the injured worker had significantly increased her activity and lost weight appropriately. The injured worker was noted to have failed physical therapy and epidural steroid injections and now had severe radiculopathy, quadricep weakness and atrophy on direct measurement with a 4 cm circumferential discrepancy compared to her normal site. The request

was made for an L3-4 anterolateral discectomy and instrumented arthrodesis, posterior laminectomy decompression and possible posterior instrumented arthrodesis as well as a preoperative consultation. There was a Request for Authorization submitted for review. The subsequent documentation dated 07/31/2014 revealed the injured worker had complaints of urinary control. The prior EMG/NCV was noted to be outdated as it was in 2012. This request was previously denied as the documentation indicated the injured worker on a prior examination had patellar reflexes and lower leg extremity sensations that were within normal limits and a normal neurologic examination along with no atrophy of the legs. Additionally, the documentation failed to indicate the injured worker had a psychological clearance and as such, the request was found to be not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-4 Anterolateral Discectomy & Arthrodesis w Instrumentation & L3-4 Laminectomy and Discectomy Possible Instrumented Arthrodesis: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288,305,306.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: The American College of Occupational and Environmental Medicine indicate a surgical consultation may be appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies 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 the extreme progression of lower leg symptoms, and 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 documentation of a failure of conservative treatment to resolve disabling radicular symptoms. The clinical documentation submitted for review indicated the injured worker had objective findings upon physical examination and additionally was starting to involve urinary symptoms to support the diagnosis of cauda equina. The injured worker was noted to have a failure of conservative treatments including physical therapy and epidural steroid injections. Per the American College of Occupational and Environmental Medicine, the surgical treatment for spinal stenosis is usually a complete laminectomy. The injured worker had substantial objective findings upon physical examination as well as MRI findings. While it was indicated the injured worker did not have findings upon electrodiagnostic studies, the injured worker had exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for L3-4 anterolateral discectomy & arthrodesis with instrumentation & L3-4 laminectomy and discectomy possible instrumented arthrodesis is medically necessary.

Facility (surgery): Overturned

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 procedure was found to be medically necessary, the request for [REDACTED] would be supported as that is the facility.

1 Surgery Assist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid Services Physician Fee Search (<http://www.cms.gov/apps/physician-fee-schedule/overview.aspx>).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Surgical Assist.

Decision rationale: The Official Disability Guidelines recommend surgical assistant as an option in more complex surgeries. The clinical documentation submitted for review supported the surgical intervention request. The surgical procedure would be a complex procedure. Given the above, the request for 1 surgery assistant is medically necessary.

1 day inpatient stay: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Hospital Length of Stay (LOS).

Decision rationale: The Official Disability Guidelines indicate that a 1-day stay is appropriate for a laminectomy. The clinical documentation submitted for review met the criteria for the above surgical intervention, as such; a 1-day inpatient stay would be supported. Given the above, the request for 1-day inpatient stay is medically necessary.