MAXIMUS Federal Services

Case Number:	CM14-0121676		
Date Assigned:	09/16/2014	Date of Injury:	03/08/2012
Decision Date:	12/04/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/01/2014

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 34 year old male who reported an injury on 03/08/2012. The mechanism of injury was pulling a rack and lifting food trays in the production department while temporarily employed. He also filed a claim for a specific injury occurring in September 2010 to the buttocks and low back when he was pulling a palate jack up a ramp and slipped and fell and a previous thoracolumbar spine injury in 2007 due to a slip and fall accident, which the claimant stated had resolved. The diagnoses included L4-L5 degenerative disc disease, stenosis, and instability. Previous medication treatment included Tramadol, Vicodin, Tylenol III, and Flexeril. The injured worker has had extensive physical therapy. He has also had three epidural injections, as well as lumbar facet injections that have provided no significant relief. MRI of the lumbar spine revealed a 5 mm central and broad bulging disc at L4-L5 with significant disc desiccation, some changes of the end-plates and collapse of the disc with anterior and posterior osteophytes causing mild to moderate foraminal and subarticular stenosis. Previous x-rays of the lumbar spine have revealed 3 mm of translation of L4-L5 with flexion and extension from neutral and normal alignment and extension to 3 mm of translation with flexion. The injured worker reported pain in the low back as 7/10, constant and radiates to his bilateral lateral thighs and legs. The injured worker reports feelings of weakness and walks with a cane and also reports worsening pain and instability in the back. Physical examination on 06/30/2014 revealed diffuse paraspinal tenderness, spasm, and hypertonicity. Kemp's test was positive. He also had positive straight leg raise bilaterally at 45 degrees. Strength was 4/5 in bilateral extensor halluces longus and 5/5 strength in bilateral hip flexion, quads, tibialis anterior, and gastroc. The treatment plan is a L4-L5 transforaminal and posterior fusion, synthetic spacer, pedicle screws, and bone graft. Post-operative physical therapy for lumbar spine was recommended two times weekly for six weeks. The rationale is the injured worker has failed conservative treatment measures including

medication management, activity restrictions, extensive therapy, and epidural injections, pain management, as well as lumbar facet injections. Additionally, the injured worker is not a candidate for a simple laminectomy and decompression. A laminectomy and decompression would not adequately address his back pain or his disc degeneration. The Request for Authorization form was signed on 07/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 transforaminal and posterior fusion, synthetic spacer, pedicle screws, and bone graft: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back chapter

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

Decision rationale: The California MTUS / ACOEM guidelines state spinal fusion in the absence of fracture, dislocation, complications of tumor, or infection is not recommended. The injured worker presents with radiculopathy and pain on examination and the MRI revealed significant disc desiccation. The injured worker has had appropriate conservative treatment. However, the guidelines state there is no scientific evidence about the long term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis compared with natural history, placebo, or conservative treatment. The guidelines also state clinicians should consider referral for psychological screening before referral to surgery. There is no evidence this injured worker has undergone a psychological screening. In addition, there was only 3 mm of translation of flexion and extension radiographs. As such, the request for L4-L5 Transforaminal and posterior fusion, synthetic spacer, pedicle screws, and bone graft is not medically necessary.