

Case Number:	CM14-0125266		
Date Assigned:	08/11/2014	Date of Injury:	08/23/2007
Decision Date:	09/18/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/07/2014

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 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 male who reported injury on 08/23/2007. The mechanism of injury was not provided. The prior surgical history included an L5-S1 lumbar interbody fusion. The prior treatments included activity modification, chronic course of NSAIDs and analgesics, lumbar epidural injections and physical therapy. The documentation of 07/15/2014 revealed the injured worker had an MRI of the lumbar spine on 07/09/2014 which revealed the injured worker had epidural lipomatosis resulting in moderate central and right greater than left foraminal stenosis. At the level of L4-5 there was loss of disc signal with a 3 mm posterior and left intraforaminal protrusion. There was bilateral facet arthropathy. This resulted in a moderate to severe degree of left and right foraminal stenosis. There is evidence of a posterior spinal decompression at L5-S1. At the level of the L5-S1 there was a fusion which was solid. There was endplate osteophyte formation, facet arthropathy resulting in a moderate to severe degree of foraminal stenosis, right greater than left. The documentation indicated the injured worker had persistent complaints of right sided sciatic pain which correlated with residual L5-S1 foraminal stenosis specifically on the right side per the MRI images. The documentation indicated the injured worker continued to experience persistent low back pain that was propagating distally down the right lower extremity. The physical examination revealed the injured worker had restricted lumbar spine range of motion. The injured worker had tenderness over the lumbar paraspinal muscles and sciatic notch, right greater than left. The injured worker had moderate to severe weakness of the right long toe plantar flexor, gastrocnemius and peroneal muscles, radiating pain and decreased sensation to the right posterior thigh, calf, and plantar aspect of the foot and decreased right Achilles ankle reflex as well as decreased sensation over the right posterior thigh, calf, and plantar aspect of the foot. The diagnoses included status post right sided micro-endoscopic foraminotomy and revision nerve root decompression on 03/09/2010; status post

anterior lumbar interbody fusion, L5-S1, with posterior segmental instrumentation on 07/2009 with partial removal of hardware; status post L4-S1 hemi-laminotomies and micro-discectomies of L4-5 and L5-S1, right sided, in 2001; left lumbar radiculopathy, moderate to severe, and residual L5-S1 foraminal stenosis on the right side. The treatment plan and discussion included the injured worker had right sided L5-S1 transforaminal epidural steroid injections which provided partial and transient relief for less than 3 weeks. The documentation indicated the injured worker had failed all conservative measures including activity modification, chronic course of NSAIDs and analgesics, lumbar epidural injections as well as courses of physical therapy. As such, the request was made for surgical intervention including a right L5-S1 foraminal and extraforaminal transfacet endoscopic decompression with neurolysis, a 23 hour stay, a certified assistant spine surgeon, pre-operative medical clearance, lumbar spinal orthosis corset, 12 sessions of physical therapy postoperatively, a front wheel walker and elevated toilet seat. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L5-S1 Foraminal and Extraforaminal Transfacet Endoscopic Decompression with Neurolysis: Upheld

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: 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 electrophysiological 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 had documentation of a failure of conservative treatment to resolve disabling radicular symptoms. The physician documentation indicated the injured worker had an MRI that was performed. However, the official MRI was not provided for review. There was no documentation of electrophysiological evidence to support the necessity for the surgical intervention. Given the above, the request for right L5-S1 foraminal and extraforaminal transfacet endoscopic decompression with neurolysis is not medically necessary.

23 Hour Outpatient Stay: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Assistant Spine Surgeon: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.