

Case Number:	CM14-0132884		
Date Assigned:	08/22/2014	Date of Injury:	08/06/2012
Decision Date:	10/10/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/18/2014

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 Surgeon 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 53-year-old male who reported an injury on 08/06/2012. The mechanism of injury was the injured worker was carrying and lifting water into a refrigerator and had immediate back pain. Prior treatments included 10 physical therapy sessions, and 3 lumbar spine epidural blocks. The diagnosis included lumbar disc displacement. Prior surgical intervention included left ankle surgery. The injured worker underwent an MRI of the lumbar spine on 03/14/2014 which revealed at the level of L4-5, there was disc height and signal intensity maintained. There was a 3 mm posterior disc protrusion. There was an annular tear identified in relation to the far right posterolateral aspect of the disc. There was touching of the thecal sac. There was no compromise of traversing nerve roots. There was encroachment on the foramina with compromising of the exiting nerve roots bilaterally. The facet joints were unremarkable. The injured worker underwent an EMG/NCV nerve conduction velocity dated 12/27/2013 which revealed no indicators for acute lumbar radiculopathy. There was no electroneurographic evidence of entrapment neuropathy in the lower extremities. The documentation of 06/16/2014 revealed the injured worker had continued symptomology of the lumbar spine with extension into the lower extremities, the right side greater than the left side. The injured worker had multiple episodes of weakness and giving way in his legs and dragging his feet. The physical examination revealed the injured worker had tenderness from the mid to distal lumbar segments. The seated nerve root test was positive. Standing flexion and extension were guarded and restricted. There was no clinical evidence of instability on examination. The physician documented there was a radicular pain pattern into the anterolateral thigh, anterior knee, medial leg and foot, anterolateral leg and foot, and posterior leg and lateral foot consistent with an L4-5 and L5-S1 dermatomal pattern. There was weakness and giving way of his legs and dragging his feet. The physician documented that the injured worker had 2 levels of this pathology at the

level of L4-5 and L5-S1 with some instability. The discussion included, as such having taken into consideration the injured worker's subjective complaints and the physician objective findings, as well as diagnostic studies that were available, the recommendation was for a surgical intervention for an L4-S1 posterior lumbar interbody fusion with a possible reduction of listhesis. There was no Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-S1 posterior lumbar interbody fusion with possible reduction of listhesis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines, Indications for Surgery--Discectomy

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

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. Additionally, there is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. The physician opined that the injured worker had findings of spinal instability. However, there were no radiologic findings in flexion and extension to support the injured worker had spinal instability. The physician documented the injured worker had no clinical evidence of instability on examination. The documentation indicated the injured worker had undergone conservative care and had failed conservative care. However, as there was a lack of documentation of spinal instability, the request for L4-S1 posterior lumbar interbody fusion with possible reduction of listhesis is not medically necessary.

2-3 day inpatient hospital 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.

Medical Clearance with an Internist: 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.

Front wheel walker: 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.

Ice Unit: 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.

Bone Stimulator: 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.

TLSO Brace: 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.

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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 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.