

Case Number:	CM14-0150219		
Date Assigned:	09/18/2014	Date of Injury:	09/25/2011
Decision Date:	12/11/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/15/2014

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 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 42-year-old male who reported injury on 09/25/2011. The mechanism of injury was not provided. The prior therapies included physical therapy, chiropractic treatment, a right epidural steroid injection at L4-5 and trigger point injections. The prior surgical history was noncontributory to the request. The documentation indicated the injured worker underwent an MRI on 07/11/2013 revealing a 4 mm broad based disc protrusion into the left foraminal area at L3-4 with moderate left foraminal stenosis and degenerative disc disease at that level. There was a 6 mm right lateral recess disc protrusion extending into the foramen causing severe subarticular recess stenosis increased from prior study, annular fissure, and facet arthritis at L4-5. The documentation indicated the injured worker had a subsequent MRI on 07/01/2014 which revealed herniated nucleus pulposus at L5-S1. The medications included Norco 10/325 mg 4 times per day. The progress note of 07/29/2014 revealed the injured worker had pain with radiation to the right lower extremity. The diagnoses included tear and torn rotator cuff, sprain of neck, and lumbosacral neuritis/legs. The treatment plan included Norco 10/325 mg 4 times a day #120, a cane for an antalgic gait, and acupuncture. The date of request per the notes was 08/05/2014. There was no Request for Authorization or physician documentation requesting the specific surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-4 Decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Low Back Procedure Summary, updated 07/03/2014

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 failed to provide documentation of physician notes requesting the intervention. There was a lack of documentation indicating the injured worker had an extreme progression of lower leg symptoms. There was a lack of a clear clinical examination. There was no official MRI, EMG or NCV submitted for review. Given the above, and the lack of documentation, the request for L3-4 decompression is not medically appropriate.

L4-5 Decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Low Back Procedure Summary, updated 07/03/2014

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 failed to provide documentation of physician notes requesting the intervention. There was a lack of documentation indicating the injured worker had an extreme progression of lower leg symptoms. There was a lack of a clear clinical examination. There was no official MRI, EMG or NCV submitted for review. Given the

above, and the lack of documentation, the request for L4-5 decompression is not medically appropriate.

Posterolateral instrumented fusion with bone graft and transforaminal lumbar fusion with cages and bone graft: 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 (ODG), Treatment in Workers Compensation (TWC), Low Back Procedure Summary, updated 07/03/2014

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. 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. Clinicians should consider referral for psychological screening to improve surgical outcomes. The clinical documentation submitted for review failed to provide documentation of clinical and imaging findings to support the necessity for surgical intervention. There would be no electrodiagnostics to support a fusion. While there was a lack of documentation of extension and flexion studies to support that the injured worker had lumbar intersegmental movement of more than 4.5 mm, the decompression that was being reviewed concurrently would have supported the need for a fusion, if the decompression levels were found to be supported. The surgical decompression was not supported and as such, the fusion would not be supported. Additionally, the request as submitted failed to indicate the levels to be operated on. Given the above, the request for posterolateral instrumented fusion with bone graft and transforaminal lumbar fusion with cages and bone graft is not medically necessary.