

Case Number:	CM14-0153516		
Date Assigned:	09/23/2014	Date of Injury:	02/01/1999
Decision Date:	10/28/2014	UR Denial Date:	08/23/2014
Priority:	Standard	Application Received:	09/19/2014

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 61-year-old male who reported injury on 02/01/1999. The mechanism of injury was lifting lumber. Prior therapies of medications, physical therapy and lumbar spine and cervical spine surgery, including a fusion at L5-S1, and diagnostic studies. The injured worker's medications included OxyContin, oxycodone, and Imitrex, Xanax, baclofen, Flector patches and Lidoderm patches. The injured worker had a laminectomy at L5-S1. The injured worker underwent an L2-5 discogram. The injured worker had a positive discogram at L2-3, L3-4 and L4-5. The documentation of 12/23/2013 revealed injured worker was spending 90% of his day in bed secondary to pain. The injured worker had pain in the low back radiating to the buttocks and down the posterior right thigh through the calf and shin to the dorsal and plantar aspect of the foot. The pain was rated 7/10 on the VAS. The physical examination revealed the injured worker had an antalgic gait with a forward flexed gait and was utilizing crutches for ambulation. Sensation was intact to the bilateral lower extremities. The injured worker had 2+ reflexes in the bilateral knees and ankles. The injured worker had decreased range of motion in the lumbar spine. The injured worker had 4/5 strength in hip flexion and ankle dorsiflexion bilaterally. The documentation indicated the injured worker had a positive L3-4 and L4-5 discogram. The treatment plan included an L3-4 and L4-5 AP fusion as well as an LSO brace, x-rays of the lumbar spine and random urine drug screens. This was the original date of request. The documentation of 05/01/2014 revealed the injured worker had complaints of persistent pain and stiffness to the cervical spine and increasing pain to the lumbar spine radiating down the bilateral extremities. The injured worker had numbness, tingling and weakness to the bilateral legs. The physical examination of the lumbar spine revealed the injured worker had a severely antalgic gait. The injured worker had tenderness to palpation over the paraspinal musculature with spasticity. There was referred pain to both buttock and lower extremities. The range of motion

was limited. The injured worker had a straight leg raise positive bilaterally at 40 degrees. The Lasegue's testing was positive bilaterally. The extensor hallucis longus, extensor digitorum longus and tibialis anterior strength score graded 4+/5 bilaterally. The patellar and Achilles reflexes were 1+ bilaterally. Sensation over L4, L5, and S1 nerve roots on the bilateral sides were decreased. The documentation indicated the injured worker underwent an MRI of the lumbar spine which revealed at the level of L3-4 there was a 2 mm broad based posterior annular bulge with degenerative changes of the facet joints and mild anterior effacement of the central theca. At L4-5 there was a 4 mm broad based posterior disc bulge within the neural foraminal region with mild degenerative changes of the facet joints, mild anterior effacement of the central theca a mild/moderate right and moderate left neural foraminal encroachment. The diagnoses included failed back syndrome and lower extremity radiculopathy. The request was made for a mental health professional for evaluation for clearance of lumbar spine surgery. The documentation of 07/28/2014 revealed the injured worker's physical examination remained unchanged. The treatment plan included a lateral flexion and extension view x-ray of the lumbar spine and authorization for surgery. 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:

Lumbar anterior posterior fusion at L3-4 and L4-5 with instrumentation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 68, 80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Spinal Fusions

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 indicate the injured worker had a failure of recent conservative care. Electrophysiologic evidence would not be necessary for a fusion. The documentation indicated the injured worker had positive findings per the discogram. However, there was a lack of documentation indicating the injured worker had undergone a psychological clearance and there was a lack of documentation of radiologic evidence including

flexion and extension x-rays to support instability for the requested segments. Given the above, the request for lumbar anterior posterior fusion at L3-4 and L4-5 with instrumentation is not medically necessary.

Inpatient Stay(unspecified length of stay): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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.