

Case Number:	CM14-0155321		
Date Assigned:	09/25/2014	Date of Injury:	11/11/1998
Decision Date:	11/21/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/22/2014

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 71-year-old male who reported an injury on 11/11/1998. The mechanism of injury, medications and other therapies were not provided. The injured worker underwent an MRI of the lumbar spine without contrast on 08/06/2014, which revealed at level of L4-5 there was an 8 mm left paracentral broad based disc protrusion and bony disc osteophyte complex extending into the bilateral foramen, particularly on the left side. There was severe facet arthropathy. The left facet demonstrated a 7 by 7 by 11 mm synovial cyst. There was consequent moderate to severe central canal stenosis, very severe left lateral recess stenosis, moderate to severe left foraminal stenosis, and mild right foraminal stenosis. The documentation of 08/12/2014 revealed the injured worker had bilateral back pain, right greater than left, and left leg numbness, left greater than right. The injured worker had difficulty walking and leaned on the cart when he was in the grocery store. The injured worker had difficulty changing positions, and it was getting worse. The physical examination revealed the injured worker was somewhat forward flexed. The injured worker had decreased extension, and his reflexes were decreased. The injured worker had intermittent numbness in his left thigh. The documentation indicated the injured worker underwent an MRI of the lumbar spine showing severe degenerative joint disease at L4-5, stenosis at L4-5, and a large facet joint cyst on the left. X-rays were taken on the date of service, which revealed degenerative scoliosis at L4-5 due to degenerative disc disease, with a concavity on the left. There was no instability on flexion and extension. The hips and pelvis were unremarkable. The diagnoses included degenerative joint disease low back, chronic low back pain, spinal stenosis, neurogenic claudication, and left L4-5 facet joint cyst. The treatment plan included a bilateral L4-5 decompression with removal of the facet joint cyst. Additionally, the treatment plan included an interbody fusion at L4-5 with [REDACTED]. Treatment included a 1 to 2 day hospital stay. The documentation of 09/29/2014 revealed the reason for the request of a

lumbar decompression and an L4-5 interbody fusion with [REDACTED] was because of the facet joint removal, and as the injured worker had significant ongoing back pain, which the physician opined was from the L4-5 disc. The physician indicated he was concerned if the facet joint was removed and he was to perform a large decompression, he would create further possible iatrogenic instability in a gentleman who is 6 feet tall and weighs 265 pounds, and the injured worker would have increasing back pain and disability. The physician further indicated the facet joints on the left at L4-5 were not normal, and he was concerned about these collapsing also. The physician indicated the injured worker was listing forward when he walked, and the physician opined if he took off 1 of the facet joints, it would increase the back pain, and increase abnormalities in the opposite facet joint also. That was why the request was made, not only to relieve spinal stenosis and leg pain, but to improve back pain and prevent further back pain and collapse. The physician further indicated he was concerned with just doing a laminectomy and removing the cyst, as the injured worker was going to have further ongoing problems in the future, and might develop further instability, and was leaning forward significantly already. The request was previously denied due to this method of fusion not being supported in evidence-based medicine literature. There was no Request for Authorization submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 interbody fusion with a [REDACTED]: Overturned

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 08/22/2014

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 (ACOEM) indicates 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. There should also be documentation of a failure of conservative treatment to resolve disabling radicular symptoms. Electrodiagnostic testing would not be necessary to support a fusion. The clinical documentation submitted by way of MRI indicated the injured worker had objective findings to support the necessity for surgical intervention due to moderately to moderately severe spinal stenosis. While it was indicated that the injured worker had no findings of instability on x-ray, the instability would be created by removal of the facet joint and as such, the injured worker would have iatrogenic instability. Additionally, the request for a bilateral L4-5 decompression with removal of the facet joint cyst was found to medically necessary and a failure of conservative care would have been proven to support the approved

surgical intervention. This request would be supported. Given the above, the request for L4-5 interbody fusion with a [REDACTED] is medically necessary.

1-2 Days of inpatient stay: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC), Low Back Procedure Summary updated 08/22/2014

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Hospital Length of Stay (LOS)

Decision rationale: Official Disability Guidelines recommends a maximum of 3 days stay for a lumbar fusion. The requested procedure was deemed medically necessary. The request for 1-2 days would be supported for that procedure. Given the above, the request for 1-2 days of inpatient stay is medically necessary.