

<b>Case Number:</b>	CM14-0155661		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	01/20/2014
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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 26-year-old female who reported injury on 01/20/2014. The mechanism of injury was the injured worker was picking up a panel, measuring approximately 24 inches x 96 inches and weighing approximately 70 pounds, when she suddenly felt pain in her low back radiating down her right lower extremity. The injured worker's medications were noted to include acetaminophen 500 mg capsules, meloxicam 7.5 mg tablets, tramadol/acetaminophen hydrochloride 37.5/325 mg, orphenadrine citrate ER 100 mg tablets, and Biofreeze. The injured worker underwent an MRI of the lumbar spine on 06/25/2014. The documentation of 07/14/2014 revealed the injured worker had a knee jerk of 1+ on the right. The documentation of 08/01/2014 revealed the injured worker had low back pain radiating down the right leg. The medical treatment to date included Norco, Soma, and naproxen. The injured worker attended 6 sessions of chiropractic treatment, which was not of significant benefit, per the documentation. The surgical history was noncontributory. The injured worker's current medications included Norco 5/325. The physical exam revealed the injured worker had a normal gait pattern. There was no tenderness to palpation at the midline or bilateral paraspinal muscles from L1-S2. There were no paraspinal muscle spasms. The injured worker had decreased range of motion. The injured worker had a straight leg raise provoking neither the verbal complaint of pain nor facial expression of discomfort up to 90 degrees. The injured worker had sensation that was intact to both the bilateral lower extremities. The strength examination was 5/5. The injured worker had knee jerks and ankle jerks that were 2+. The injured worker had x-rays of the lumbar spine revealing a grade I spondylolisthesis with spondylolysis at L5-S1 and severe disc space narrowing at this level. The diagnoses included L5-S1 isthmic spondylolisthesis grade I with severe degeneration and right L5-S1 neural foraminal stenosis with chronic right sciatica symptoms. The documentation indicated the injured worker underwent an MRI of the lumbar

spine showing a grade I spondylolisthesis at L5-S1 with marked disc space narrowing at this level. There was severe right neural foraminal stenosis. There was mild to moderate left neural foraminal stenosis appearing to compress the exiting right L5 nerve root at the foramen. The physician opined surgery would be the best option with an anterior discectomy and interbody fusion with structural allograft at L5-S1 combined with posterior pedicle screw fixation at L5-S1. The official MRI reading of 06/25/2014 revealed, at L5-S1, there was disc desiccation with mild loss of disc height and a disc bulge measuring 4 mm. There was mild bilateral facet hypertrophy with minimal bilateral facet joint effusions. There was no significant dural compression. There was moderate bilateral neural foraminal stenosis. There was a 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:

#### **Anterior L5-S1 Discectomy with Interbody Fusion: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation; Low Back

**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 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 and documentation of a failure of conservative treatment to resolve disabling radicular symptoms. The documentation of 08/01/2014 revealed the injured worker had motor strength of 5/5, intact sensation to the bilateral lower extremities, and reflexes were 2+. The documentation indicated the injured worker had x-rays which revealed a grade I spondylolisthesis with spondylolysis at L5-S1. The physician opined the injured worker had a grade I spondylolisthesis at L5-S1 and severe right neural foraminal stenosis with mild to moderate left neural foraminal stenosis appearing to compress the exiting right L5 nerve root at the foramen. However, the official report indicated the injured worker had moderate bilateral neural foraminal stenosis at L5-S1. There was a lack of documentation per the official report indicating the injured worker had nerve impingement. There was a lack of documentation of an exhaustion of conservative care and there was a lack of documentation of electrophysiologic evidence of a lesion. There was no EMG/NCV findings/official report submitted for review. Given the above and the lack of documentation of objective findings and nerve conduction study findings, the request for Anterior L5-S1 discectomy with interbody fusion is not 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.

**Anterior portion of surgery to be performed by co-surgeon - Vascular Access 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.

**Post-operative test: Metabolic Panel, CBC, PT, PTT:** 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.

**Post-operative Physical Therapy x 24:** 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.