

Case Number:	CM14-0169110		
Date Assigned:	10/17/2014	Date of Injury:	02/14/2014
Decision Date:	11/19/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/14/2014

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 40-year-old female who reported an injury on 02/14/2014 due to slipping on some water. She fell and injured her back and her left leg. Diagnoses were cervical sprain/strain, rule out herniated nucleus pulposus, lumbar L5-S1 degenerative disc disease and degenerative joint disease, lumbar herniated nucleus pulposus at the L5-S1 with radiculopathy, left greater than right, left knee lateral meniscus tear, rule out medial meniscus tear, chondromalacia of the patella with patellar tilt and lateral facet pressure syndrome, severe, slip and fall at work, anxiety, insomnia, rule out rotator cuff tear on the left, and arthroscopic subtotal medial meniscectomy. Past treatments were medications, a brace, and surgeries. The injured worker had an MRI of the lumbar spine on 03/19/2014 that revealed disc and facet abnormalities such as L4-5 2 to 3 mm nerve root compromise exiting on the right/left, and facet arthropathy on the right and the left. At the L5-S1, there was a 3 to 4 mm nerve root compromise exiting on the right and the left, with facet arthropathy on the right and the left. Physical examination on 09/02/2014 revealed complaints of severe neck pain; severe low back pain, and mild left knee pain. The injured worker was status post knee surgery on 06/27/2014. The injured worker was to attend postoperative physical therapy for the left knee. Examination of the lumbar spine revealed tenderness, trigger points, and spasm of the lumbar spine over the L4-5 and L5-S1 bilaterally. Straight leg raising test in the sitting position was +90 on the right and +90 on the left. Supine straight leg raise test was +60 on the right and +60 on the left. Medications were Norco, Xanax, Naprosyn, and Prilosec. The treatment plan was to request a lumbar discectomy and fusion at the L4, L5, and S1. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar discectomy and fusion at L4, L5, and S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-308.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306-307.

Decision rationale: The decision for lumbar discectomy and fusion at L4, L5, and S1 is not medically necessary. The California Medical Treatment Utilization Schedule/ACOEM recommends surgery for patients who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; 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 failure of conservative treatment to resolve disabling radicular symptoms. Except for cases of trauma related spinal fracture or dislocation, fusion of the spine is not usually considered during the first three months of symptoms. Patients with increased spinal instability (not work related) after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion. There is no scientific evidence about the long term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis compared with natural history, placebo, or conservative treatment. There were no flexion/extension radiographs of the lumbar spine to show instability. It was not documented that the injured worker had instability in the lumbar spine. The injured worker had 2 injections to the lumbar spine without fluoroscopy in the provider office. The pain relief was not reported. Objective documentation from the injured worker's physical therapy was not reported. Also, conservative care was not reported as failed. There is no documentation of severe or disabling lower extremity deficits. The injured worker does not meet the criteria set forth by the medical guidelines. There were no other significant factors provided to justify a lumbar discectomy and fusion at L4, L5, and S1. Therefore, this request is not medically necessary.

Inpatient facility (duration unknown): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-308.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The decision for inpatient facility (duration unknown) is not medically necessary. As the requested surgical intervention is not supported by the documentation, the associated service is also not supported.

