

Case Number:	CM14-0170685		
Date Assigned:	10/23/2014	Date of Injury:	06/10/2011
Decision Date:	11/21/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/15/2014

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 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 55-year-old who reported an injury on 06/10/2011 due to an unspecified mechanism of injury. The injured worker complained of lower back pain, along with bilateral leg pain. The diagnoses included chronic musculoligamentous lumbar spine sprain/strain, superimposed upon facet spondylosis at the L4-5 and L5-S1; apparent right sacroiliac joint sprain; right and infrequent left lower extremity radiculopathy with radiculitis, with angular instability; severe exogenous obesity; sprain/strain of lumbar region; lumbosacral spondylosis; sacroiliac sprain/strain; unspecified thoracic/lumbar neuritis/radiculitis; other joint derangement. The diagnostics included an x-ray of the lumbar spine dated 03/03/2014 that revealed radiographic evidence of angular instability at the L4-5. The MRI of the lumbar spine dated 08/14/2014 revealed mild bilateral foraminal and lateral recess stenosis at the L4-5; mild central stenosis at the L4-5; degenerative facet disease in the inferior lumbar levels and moderate degree at the L4-5 and mild multilevel degenerative disc disease. The medications included Norco 10/325mg, Lyrica 75mg, Dexilant, Flexeril 10mg, and Lidoderm patches. The injured worker uses a TENS unit on a daily basis to help control symptoms. The physical findings dated 10/09/2014 revealed a range of motion of the lumbar spine with flexion at 70 degrees, extension 5 degrees, rotation of 30 degrees, bilateral and lateral bending at 10 degrees bilaterally, mild to moderate tenderness over the upper spinous process with moderate tenderness over the lower spinous process towards the lumbosacral junction; mild to moderate tenderness over the paraspinal muscles, mainly inferior near the sacroiliac joints. Moderate plus tenderness at the sacroiliac joints. Moderate tenderness over the right sciatic nerve with mild tenderness over the left sciatic nerve. The gait was slow and short stride with a minimal right antalgic limp. Lower extremities with deep tendon reflexes unobtainable at the ankles and at the knees. Motor strength testing to the lower extremities demonstrated grade 5 strength without any neurological

deficits. Straight leg raise test in the sitting position was approximately 70 degrees on the right side and lower back, right buttocks, and radicular right leg pain that was worse with dorsiflexion of the foot. Straight leg raise in the seated position was done and was approximately 75 degrees on the left side, with some lower back pain. However, minimal left buttocks pain without any radicular left leg pain. Some hamstring tightness bilaterally. Vascular status was intact bilaterally to the lower extremities. Homan's sign was negative bilaterally. Enlargement and swelling of the calf was slightly more prominent on the right than on the left. No pitting edema noted. The plan included a decompression lumbar laminectomy at the L4-5 with disc excisions at L4-5, L5-S1, posterior interbody fusion with cages and iliac crest graft at L4-5, L5-S1, and bilateral lateral fusion. The Request for Authorization dated 10/23/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decompressive lumbar laminectomy L4-5 with disc excisions at L4-5, L5-S1, Posterior inter body fusion with cages and iliac crest graft at L4-5 and L5-S1 bilateral lateral fusion:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 305-306.

Decision rationale: The request for decompressive lumbar laminectomy L4-5 with disc excisions at L4-5, L5-S1, posterior interbody fusion with cages and iliac crest graft at the L4-5 and L5-S1 bilateral laterally fusion is not medically necessary. The California MTUS/ACOEM indicates that surgical considerations should be within the first 3 months after onset of acute lower back symptoms. Surgery is considered only when serious spinal pathology or new nerve root dysfunction are not responding to conservative therapy. That also includes severe, disabling lower extremity symptoms in a distribution consistent with abnormalities on imaging studies; active limitations due to radicular leg pain for more than 1 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. The clinical notes indicated that the injured worker has had lower extremity symptoms that have progressed with radiculopathy. The MRI revealed multilevel degenerative disc disease with lateral recess stenosis at the L4-5. It was also noted for small disc bulge of 2 mm with mild bilateral foraminal and lateral recess stenosis. The x-ray indicated instability. However, was not evident from the clinical note that the conservative care had failed. The injured worker's injury was in 2011. However, there was no indication other than the medial branch block had failed for the injured worker. The injured worker reports popping and clicking of the lower back with rotation and increased pain with sitting. As such, the request is not medically necessary.