

Case Number:	CM14-0172618		
Date Assigned:	10/23/2014	Date of Injury:	03/26/2010
Decision Date:	12/10/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/20/2014

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 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 51-year-old female who reported an injury on 03/26/2010 due to moving a heavy gentleman when the injured worker felt a sprain in her lower back. The diagnoses were sciatica, lumbago, lumbosacral spondylosis, lumbar spondylolisthesis, sciatic radiculopathy, sciatic radiculopathy/left S1 radicular pain, and primary insomnia. Past treatments were medications, chiropractic, and electrical stimulation. The injured worker had 2 epidural steroid injections with no lasting pain relief reported. She also had chiropractic treatment without benefit but found electrical stimulation was beneficial. The MRI dated 06/09/2014 revealed no interval change in anterolisthesis at L5-S1. There was multilevel degenerative disc disease and facet arthropathy without significant central spinal canal stenosis. Mild bilateral neural foraminal narrowing at the L5-S1 was similar. Lumbar X-ray on 04/18/2014 revealed anterolisthesis of L5 on S1 was noted measuring 7.5 mm. No subluxation on flexion or extension views. On 06/26/2013, she had an anterior fusion of the L5-S1. The examination revealed mild lordosis of the lumbar spine. The injured worker had a physical examination on 10/16/2014 which revealed reports that the injured worker was falling because of weakness on the right side. It was reported that the injured worker injured her right knee and needed further evaluation. The lumbar examination revealed no spasm or muscle guarding. There was tenderness over the L5-S1 spinous process and facet joints. Range of motion was normal with flexion to 30 degrees and extension was to 0 degrees. The straight leg raise was to 60 degrees on both sides. There was no atrophy or weakness. Medications were Norco and gabapentin. The request submitted was for surgery of the left L5-S1 decompression, lumbar spine. The Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery left L5-S1 decompression, lumbar spine: 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 decision for Surgery left L5-S1 decompression, lumbar spine is not medically necessary. The CA MTUS/ACOEM guidelines recommend direct methods of nerve root decompression include laminotomy, standard discectomy, and laminectomy. Chemonucleolysis with chymopapain is an example of an indirect method. Indirect chemical methods are less efficacious and have rare but serious complications (e.g., anaphylaxis, arachnoiditis). Percutaneous discectomy is not recommended because proof of its effectiveness has not been demonstrated. The Official Disability Guidelines criteria for discectomy/laminectomy are confirm presence of radiculopathy with documented findings on examination with correlation of straight leg raise test, crossed straight leg raising and reflex exams should correlate with symptoms and imaging. The L5 nerve root compression requires one of the following: Severe unilateral foot/toe/dorsiflexor weakness/mild atrophy; Mild-to-moderate foot/toe/dorsiflexor weakness; Unilateral hip/lateral thigh/knee pain. The S1 nerve root compression requires ONE of the following: Severe unilateral foot/toe/plantar flexor/hamstring weakness/atrophy; Moderate unilateral foot/toe/plantar flexor/hamstring weakness or Unilateral buttock/posterior thigh/calf pain. Imaging Studies, requires ONE of the following, for concordance between radicular findings on radiologic evaluation and physical exam findings: Nerve root compression (L3, L4, L5, or S1); Lateral disc rupture or lateral recess stenosis. Diagnostic imaging modalities, requiring ONE of the following: MR imaging, CT scanning, Myelography or CT myelography & X-Ray. Conservative Treatments, requiring ALL of the following: Activity modification (not bed rest) after patient education (>= 2 months); Drug therapy, requiring at least ONE of the following: NSAID drug therapy, other analgesic therapy, Muscle relaxants and Epidural Steroid Injection (ESI). Support provider referral, requiring at least ONE of the following (in order of priority): Physical therapy (teach home exercise/stretching), Manual therapy (chiropractor or massage therapist), Psychological screening that could affect surgical outcome or Back school. The examination did not reveal any neurologic deficits. It was reported examination dated 04/24/2014 that the injured worker had physical therapy in January 2014 that did help some. The MRI of the lumbar spine indicated stable anterolisthesis and mild bilateral neural foraminal narrowing with no significant central spinal canal stenosis. Given the above, this request is not medically necessary.

23-hour in-patient hospital stay: 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 med necessary, none of the associated services are 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 med necessary, none of the associated services are medically necessary.