

Case Number:	CM14-0174465		
Date Assigned:	10/27/2014	Date of Injury:	09/08/2012
Decision Date:	12/12/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/21/2014

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 California. 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:

This is a 57 year old male with a 9/8/12 injury date. He injured his lower back while lifting a heavy garbage bag. In an AME evaluation on 10/23/13, there was an indication of pain behavior out of proportion to exam findings as well as positive Waddell and Hoover signs. In a 4/21/14 ortho follow-up, subjective findings included severe lumbar spine pain. Objective findings included antalgic gait, absent ankle jerk on the left, positive straight leg raise at 20 degrees on the right and at 0 degrees on the left, tenderness throughout the lumbar spine, 0 degrees of forward flexion, and normal muscle strength. X-rays were noted to reveal bilateral L5 spondylolisthesis with a degenerative anterior listhesis of L5 on S1, which the provider felt was responsible for the patient's pain. In additional follow-up notes from 9/16/14 and 10/17/14, there are no changes to the physical exam. A 3/21/13 lumbar spine MRI showed multilevel degenerative spondylosis and facet arthropathy most significant at L3-4. Electrodiagnostic studies are reportedly negative. In a 7/7/14 psych evaluation, several issues were addressed but these did not include his fitness for undergoing spinal surgery. In a 5/20/14 psych evaluation, the provider indicated that he does not believe that the patient is malingering, but there was no comment on his mental fitness for undergoing spinal surgery. Diagnostic impression: lumbar stenosis, lumbar radiculopathy, lumbar spondylolisthesis. Treatment to date: modified duty, physical therapy, medications. A UR decision on 10/2/14 denied the request for L5-S1 laminectomy, fusion, pedicle screws, and rods, on the basis that there was no objective evidence of spinal instability at L5-S1 and no objective findings of neural compression. The request for inpatient stay was denied because the associated surgical procedure was not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 Laminectomy, fusion, pedicle screws, and rods: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back Chapter--Decompression, Fusion.

Decision rationale: CA MTUS states that surgical intervention is recommended for patients who have severe and disabling lower leg symptoms in the 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. In addition, CA MTUS states that there is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. However, in this case there is insufficient objective evidence to support the proposed procedure. There are no MRI or x-ray reports available for review and the electrodiagnostic study is reportedly negative. Although the provider reports notable pathology on the imaging studies, it does not correlate well with objective findings on exam. With regards to the exam, there are no areas of motor weakness and positive straight leg raise tests at 0 and 20 degrees is difficult to fathom. Although there does appear to be some evidence of malingering in the past, with positive Waddell and Hoover signs, and pain out of proportion, the primary issue at this time is the lack of objective findings of spinal instability and radiculopathy that would support the proposed procedure. Therefore, the request for L5-S1 Laminectomy, fusion, pedicle screws, and rods is not medically necessary.

Associated surgical service: Inpatient 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 medically necessary, none of the associated services are medically necessary.