

Case Number:	CM14-0029935		
Date Assigned:	06/20/2014	Date of Injury:	02/28/2011
Decision Date:	07/17/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/10/2014

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, has a subspecialty in Spine 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:

The injured worker is a 31-year-old male who reported an injury on 02/20/2011, after a motor vehicle accident. The injured worker reportedly sustained an injury to his low back and ultimately underwent laminectomy surgery in 06/2011. The injured worker underwent an MRI on 10/21/2013 that documented there were postoperative changes at the L5-S1, with a disc bulge measuring 5 mm, impinging the left S1 nerve root. The injured worker was evaluated on 02/04/2014 due to ongoing low back pain radiating into the left lower extremity. Physical findings included weakness in the left extensor hallucis longus and anterior tibialis, a positive straight leg raising test, and pain with range of motion. The injured worker's diagnoses included L5-S1 degenerative disc disease, left leg radiculopathy, and history of lumbar discectomy. It was noted that the injured worker had failed conservative treatments and the recommendation was made for L5-S1 anterior discectomy and fusion with peak instrumentation and possible additional levels and spinal cord monitoring on 02/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5 - S1 anterior discectomy and fusion with Peak instrumentation and possible additional levels as inpatient procedure: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The American College of Occupational and Environmental Medicine recommends surgical intervention of the lumbar spine when there are severe disabling lower leg symptoms in a distribution consistent with abnormalities identified on an imaging study, objective signs of neural compromise. The clinical documentation submitted for review does indicate that the injured worker has impingement of the left S1 nerve root, with physical findings of weakness of the left extensor hallucis longus and tibialis. It is documented that the injured worker has a positive straight leg raising test. Additionally, the American College of Occupational and Environmental Medicine recommends surgical intervention when there is evidence of stability. As the injured worker has already undergone a discectomy at the requested level, and further discectomy is required during surgical intervention, intraoperative instability would require fusion with instrumentation. However, the request includes additional levels as an inpatient procedure. The clinical documentation does not provide any findings of radiculopathy consistent with other levels to support nerve root impingement. Furthermore, the MRI submitted for review does not provide any neurological pathology at the adjoining levels to support the need for fusion surgery. As such, the requested L5-S1 anterior discectomy and fusion with peak instrumentation and possible additional levels as inpatient procedure is not medically necessary or appropriate.

Spinal cord monitoring during surgery: 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.