

Case Number:	CM14-0030380		
Date Assigned:	06/20/2014	Date of Injury:	08/22/2012
Decision Date:	07/17/2014	UR Denial Date:	02/13/2014
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 Texas and 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 45-year-old female who reported injury on 08/22/2012. The mechanism of injury was the injured worker threw approximately 50 bags of trash into an overhead bin and had pain in her low back pain. Prior therapies included a transforaminal epidural steroid injection on 11/27/2013 and had physical therapy. The MRI on 09/18/2012 revealed at the level of L4-5 there was a slight progression of the central disc protrusion/annular tear extending up to 2 mm posteriorly superimposed on a concentric disc bulge; there was mild facet hypertrophy and trace ligamentum flavum enfolding re-demonstrated; there was no central canal or lateral recess stenosis; there was mild neural foraminal narrowing bilaterally; at the level of L5-S1, there was progression of a central disc protrusion now extending up to 3 mm posteriorly with soft tissue signal intensity in the left paracentral region extending inferiorly that developed in the interim; it extended up to 7 mm anteriorly and 6 mm posteriorly; there was displacement to the traversing left S1 nerve without lateral recess stenosis; there was no central canal or neural foraminal stenosis; there was no change in appearance of the neural foraminal stenosis. The physical examination of 08/12/2013 revealed the injured worker had severe lumbar low back pain, spasms, and numbness. The objective findings revealed tenderness, decreased range of motion, lumbar spine spasms, and decreased sensation at L5-S1 on the lower extremity. The diagnosis included a sprain of the lumbar region. The treatment plan included surgery ALIF L4-5, L5-S1. The physical examination of 01/31/2014 revealed decreased sensation at L5 and SI and decrease myotomes at 4+/5 bilaterally at L5 and 4/5 on the right and 4+/5 on the left at the level of S1. The injured worker had decreased Babinski's bilaterally. The treatment plan dated 01/13/2014 again requested the surgery ALIF L4-5, L5-S1. The injured worker continued with decreased sensation at L5-S1. The documentation of 01/31/2014 revealed the ALIF was requested as early as 01/07/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior lumbar decompression and interbody arthrodesis at L4-5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back Chapter- Discectomy/laminectomy, Indications for Surgery.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: The MTUS/ACOEM Guidelines indicate that a surgical consultation is appropriate for patients who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies, preferably with accompanying objective signs of neural compromise. There should be documentation of activity limitations due to radiating leg pain for more than 1 month or extreme progression of lower leg symptoms. There should be clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the long and short-term from surgical repair. The clinical documentation submitted for review indicated the injured worker had objective physical findings at the level of L5-S1. There was a lack of objective findings at L4-5 to support the necessity for 2 level surgeries. The documentation indicated the injured worker had failed conservative care. There was no EMG/NCV submitted for review to indicate the injured worker had findings at both levels. As such, this request would not be supported. MTUS/ACOEM Guidelines indicates 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. As the request for the anterior lumbar decompression was not supported, the arthrodesis would not be supported. Given the above, the request for anterior lumbar decompression and interbody arthrodesis at L4-5 and L5-S1 is not medically necessary and appropriate.