

Case Number:	CM14-0043272		
Date Assigned:	07/02/2014	Date of Injury:	04/24/2013
Decision Date:	08/29/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/10/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 54-year-old male who reported an injury on 04/24/2013. The mechanism of injury was noted as a fall. The diagnoses included cervical spine musculoligamentous sprain/strain with radiculitis, rule out disc protrusion; lumbar spine musculoligamentous sprain/strain with radiculitis, multiple disc protrusions; Tarlov cyst in the S2 and S3 per MRI; sleep disturbance secondary to pain. Previous treatments included extracorporeal shockwave treatment (ESWT) x4, medications, physical and manipulative therapy, trigger point impedance imaging (TPII) x6, acupuncture, and injections. Diagnostic studies included MRI of the lumbar spine on 12/09/2013 with noted impression of degenerative central stenosis, L4-5; at L4-5, spondylolisthesis and facet hypertrophy narrows the neural foramina and lateral recesses resulting in encroachment of the exiting and transiting nerve roots; at L3-4, a 2.5 mm diffuse disc protrusion (less than 2 mm in flexion, 2.5 mm in extension) effaces the thecal sac; mild discogenic spondylosis, L2-S1; facet arthrosis severe at L4-5 and mild at L5-S1; degenerative grade I anterolisthesis, L4; L4-S1; multiple Tarlov cyst at the S2 and S3 levels, the greatest measuring 26 mm longitudinally; 6 cm inhomogeneous uterine mass; differential possibilities are too broad to consider as this is on the edge of the study; diagnostic ultrasound is recommended for further evaluation and no other significant abnormalities. Surgical history was not provided in the medical records submitted for review. It was noted on the progress report dated 01/06/2014 the injured worker complained of pain in the lower back that radiates in the pattern of bilateral L3 and L4 dermatomes and pain in the neck. The injured worker rated the pain in the neck as 5/10 and in the lower back 8/10. The objective findings of the lumbar spine noted grade II tenderness to palpation over the paraspinal muscles, which had decreased from grade III and grade II palpable spasm which had decreased from grade III. The range of motion assessment noted restricted, straight leg raise test was positive bilaterally, and trigger points were noted.

Medications included FluriFlex 180 grams, TGHOT 180 grams, and tramadol 50 mg 2 times a day. The provider requested a L4-5 transforaminal lumbar interbody fusion. The rationale for the requested treatment plan was not provided in the medical records submitted for review. The request for authorization form was not provided in the medical records submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 Transforaminal lumbar interbody fusion: 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): 307.

Decision rationale: The injured worker has a history of chronic low back pain and to have participated in physical therapy, received chiropractic and acupuncture treatments, received trigger point injections, and extracorporeal shockwave therapy (ESWT). The California MTUS/ACOEM Guidelines state patients with increased spinal instability (not work related) after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion. There is no scientific evidence about the long term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis compared with natural history, placebo, or conservative treatment. 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. It is important to note that although it is being undertaken, lumbar fusion in patients with other types of low back pain very seldom cures the patient. The documentation provided noted that the injured worker's tenderness to palpation over the paraspinal muscles, as well as palpable muscle spasms improved. The documentation noted the injured worker complained of pain to the low back and was positive bilaterally for straight leg raise. However, the documentation provided did not indicate any objective functional deficits to warrant the procedure. There is also lack of documentation to indicate the previous treatments did not improve functional capacity. Previous surgeries were not provided in the medical records so it is unclear if the injured worker had undergone a lumbar decompression at the recommended site. As such, a fusion would not be warranted. Based on the above, the request for L4-5 transforaminal lumbar interbody fusion is not medically necessary.