

Case Number:	CM14-0056042		
Date Assigned:	07/07/2014	Date of Injury:	01/14/2011
Decision Date:	12/31/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/25/2014

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 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 48-year-old female who reported an injury on 01/14/2011 due to cumulative trauma. On 04/03/2014, the injured worker presented with back and bilateral lower extremity pain. Upon examination, there was no significant spinal deformity, the overall coronal and sagittal alignment was within normal limits, and the injured worker ambulated with a normal gait. There was positive midline tenderness to palpation over the lower lumbar spine with limited range of motion and flexion to knees noted a spasm. There was pain noted with flexion and extension and intact sensation to light touch to the L2-S1 dermatome distributions. There was a positive straight leg raise noted to the right side. An official MRI of the lumbar spine performed on 11/14/2011 revealed disc degenerative changes at the L5-S1 with a 5 mm x 7 mm x 7 mm central disc extrusion. The protrusion contacts the traversing S1 nerve roots, left greater than right. The diagnoses were sciatica, recurrent, lumbago persistent, and lumbar degenerative disc disease with lumbar herniated disc. The injured worker had temporary improvement with an epidural steroid injection at the L5-S1 levels. There was evidence the injured worker's failure to respond to conservative treatment to include medications, physical therapy, and injections. The injured worker also had temporary relief with L5-S1 epidural steroid injection which is a positive prognostic indicator for outcome following spinal surgery. The provider recommended a bilateral L5-S1 anterior discectomy, lumbar interbody fusion, instrumentation, bone morphogenetic protein 2, second stage: L5-S1 laminectomy, posterior spinal fusion, and allograft bone with a 7 day inpatient stay. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

First Stage: Bilateral L5-S1 Anterior Disceomy, Lumbar Interbody Fusion, Instrumentation, Bone Morphogenetic protein-2; Second stage: L5-S1 Laminectomy, Posterior Spinal Fusion, Instrumentation, Allograft Bone: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Chapter

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

Decision rationale: The request for a decision for first stage: bilateral L5-S1 anterior disceomy, lumbar interbody fusion, instrumentation, bone morphogenetic protein-2; second stage: L5-S1 laminectomy, posterior spinal fusion, instrumentation, allograft bone is not medically necessary. The guidelines note that except for cases of trauma related spinal fracture or dislocation, fusion of the spine is not usually considered during the first 3 months of symptoms. Injured workers with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion. No scientific evidence about the long term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylolisthesis 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 or motion in the segment operated on. It is important to note that although it is being undertaken, lumbar fusions in injured workers with other types of low back pain very seldom cure the injured worker. The Official Disability Guidelines further state that indications for surgery of a discectomy or laminectomy require findings, imaging studies and conservative treatment to include confirmation of presence of radiculopathy and objective findings on physical examination, imaging studies that show nerve root compression, lateral disruption or lateral recess stenosis. Information on if the injured worker had participated in conservative treatment to include all of the following: activity modification, NSAID therapy, muscle relaxants, epidural steroid injections, and other analgesic therapy. Evidence that the patient has participated in at least physical therapy, manual therapy, or a psychological screening. The information submitted for review revealed a positive straight leg raise on physical examination. There is no evidence of the injured worker's participation in manual therapy or a psychological screening. The patient had a prior epidural steroid injection noted. There were no official imaging results submitted for review. Additionally, there is no submission of imaging studies that reveal nerve root compression, lateral disc rupture, or lateral recess stenosis. As such, medical necessity has not been established. Therefore the request is not medically necessary.

Seven Days Inpatient: 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.