

Case Number:	CM14-0058867		
Date Assigned:	07/09/2014	Date of Injury:	03/15/2011
Decision Date:	08/13/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/29/2014

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 Texas. 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 46-year-old female who reported injury on 03/15/2011. The diagnosis included lumbar sprain/strain. The injured worker underwent an MRI of the lumbar spine with and without contrast. On 12/02/2013, which revealed worsening moderate discogenic disease at L5-S1. There was a suggestion of a possible right hemilaminotomy at L5-S1. It was opined there may be an annular fissure versus postoperative change in the right paracentral annulus. There was multilevel foraminal narrowing. The MRI indicated the central canal was patent. The documentation of 03/05/2014 revealed the injured worker continued to have significant low back pain radiating into the lower extremities with numbness and weakness. The documentation indicated the injured worker had exhausted all forms of conservative management. The documentation indicated the injured worker was status post right hemilaminectomy at L5-S1 with improvement in right leg pain. The physician opined another microcompression was not indicated as it would not address the dominant complaint of axial low back pain. The injured worker had spasms, tenderness and guarded in the paravertebral musculature of the lumbar spine with decreased range of motion. The injured worker had decreased sensation over the bilateral L5 dermatomes with pain. This was noted to be most significant on the right side. The injured worker had weakness with toe and heel walking bilaterally, graded 4/5. The documentation indicated this note was for appeal. The documentation indicated the denial letter stated there was no discussion of how much treatment the injured worker had in the past. The letter indicated the office note that the injured worker was claiming to be worse but there was no documentation as compared to her permanent and stationary report. Additionally, the letter indicated that there was a moderate reduction in disc height without correlation with clinical findings and documentation of conservative care is not adequate to fulfill the guidelines. The physician was formally appealing the denial. The documentation indicated the injured worker was performing at home

range of motion and strengthening exercises on her own and during her lunch break she would walk approximately 3 to 4 miles a day until she was unable to do so due to pain and a locking sensation in her back. The physician documented that the injured worker's symptoms correlated strongly with MRI findings. Again, the request was for a surgical intervention. The diagnoses included lumbosacral radiculopathy and pain in limb. The documentation of 02/05/2014 revealed the injured worker was unresponsive to conservative treatments along with oral pain medications and epidural injections and wished to proceed with surgical intervention. A request was made for a lumbar arthrodesis at L5-S1 and a transforaminal lumbar interbody fusion at L5-S1 with posterior instrumentation and bone grafting.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Lumbar Interbody Fusion: Upheld

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

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

Decision rationale: The CA MTUS/ACOEM Guidelines indicate surgical consultations may be appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging, preferably with accompanying objective signs of neural compromise, activity limitations due to radiating leg pain for more than 1 month, and clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and term from surgical repair as well as a failure of conservative treatment to resolve disabling radicular symptoms. Additionally, they indicate there is no good evidence from controlled trials that spinal fusion alone is effective for treating any time of acute low back problem in the absence of spinal, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. The clinical documentation submitted for review failed to provide the injured worker had objective findings upon MRI of spinal stenosis. Additionally, there was a lack of documentation, of electrophysiologic evidence of the lesion. The request as submitted, failed to indicate the level for the requested transforaminal lumbar interbody fusion. Given the above, the request for transforaminal lumbar interbody fusion is not medically necessary.

Instrumentation and Bone Grafting of L5-S1.: Upheld

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

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.

Three day hospital stay.: Upheld

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

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.