

Case Number:	CM14-0067017		
Date Assigned:	07/23/2014	Date of Injury:	04/24/1992
Decision Date:	07/29/2014	UR Denial Date:	05/07/2014
Priority:	Expedited	Application Received:	05/12/2014

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 a 69-year-old female who reported an injury on April 24, 1992. The mechanism of injury was not provided. The current diagnosis is L3-4 and L4-5 spinal stenosis with neurogenic claudication. The injured worker was evaluated on December 20, 2013 with complaints of persistent pain. Previous conservative treatment includes medication management, physical therapy, epidural steroid injections, and passive modalities. The injured worker reported persistent lower back pain with radiation into the bilateral lower extremities. Physical examination revealed severe back pain with 0-20 degree active extension, positive sciatic nerve stretch test, 2+ deep tendon reflexes and decreased sensation of the L5 dermatome bilaterally. Plain films obtained in the office on that date indicated degenerative retrolisthesis and spondylolisthesis of L4 on L5. Treatment recommendations at that time included a laminectomy and partial facetectomy at L3-4 and L4-5 with an interbody fusion at L3-4 and L4-5. It was noted that the injured worker underwent an MRI of the lumbar spine on December 11, 2013, which indicated degenerative changes at L4-5 with marked compression of the thecal sac and nerve roots, severe central stenosis at L4-5, severe central stenosis at L3-4, degenerative spondylolisthesis at L2-5, and severe facet disease at the bilateral L4-5 and L5-S1 levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posterior L3-4 Laminectomy and Partial Facetectomy: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

MAXIMUS 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.

Decision rationale: The California MTUS/ACOEM Practice Guidelines that state a referral for surgical consultation is indicated for patients who have severe and disabling lower leg symptoms, activity limitations for more than 1 month, clear clinical, imaging, and electrophysiologic evidence of a lesion, and a failure of conservative treatment. Direct methods of nerve root compression include laminotomy, discectomy, and laminectomy. The Official Disability Guidelines state that prior to a discectomy - laminectomy, there should be evidence of radiculopathy upon physical examination. Imaging studies should indicate nerve root compression, lateral disc rupture, or lateral recess stenosis. Conservative treatment should include activity modification, drug therapy, and epidural steroid injections. There should also be evidence of a referral for physical therapy, manual therapy, or a psychological screening. According to the documentation submitted, the injured worker has exhausted conservative treatment. X-rays on December 20, 2013 indicated degenerative retrolisthesis of L3 on L4 and degenerative spondylolisthesis of L4 on L5. The lumbar MRI performed on December 11, 2013 also indicated severe central canal stenosis with degenerative spondylolisthesis. Physical examination does reveal severe back pain with 0-20 degree active extension, positive sciatic nerve stretch test and decreased sensation of the L5 dermatome bilaterally. Therefore, the current request for a posterior L3-4 laminectomy and partial facetectomy can be determined as medically appropriate.

Posterior L4-5 Laminectomy and Partial Facetectomy: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

MAXIMUS 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, Laminectomy/Discectomy.

Decision rationale: The California MTUS/ACOEM Practice Guidelines that state a referral for surgical consultation is indicated for patients who have severe and disabling lower leg symptoms, activity limitations for more than 1 month, clear clinical, imaging, and electrophysiologic evidence of a lesion, and a failure of conservative treatment. Direct methods of nerve root compression include laminotomy, discectomy, and laminectomy. The Official Disability Guidelines state that prior to a discectomy - laminectomy, there should be evidence of radiculopathy upon physical examination. Imaging studies should indicate nerve root compression, lateral disc rupture, or lateral recess stenosis. Conservative treatment should include activity modification, drug therapy, and epidural steroid injections. There should also be evidence of a referral for physical therapy, manual therapy, or a psychological screening. According to the documentation submitted, the injured worker has exhausted conservative

treatment. X-rays on December 20, 2013 indicated degenerative retrolisthesis of L3 on L4 and degenerative spondylolisthesis of L4 on L5. The lumbar MRI performed on December 11, 2013 also indicated severe central canal stenosis with degenerative spondylolisthesis. Physical examination does reveal severe back pain with 0-20 degree active extension, positive sciatic nerve stretch test and decreased sensation of the L5 dermatome bilaterally. Therefore, the current request for a posterior L4-5 laminectomy and partial facetectomy can be determined as medically appropriate.

Extreme Lateral Interbody Fusion with Peek Cage with Bone Morphogenetic Protein (BMP) or Right Iliac Crest Bone Graft: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines, Contents, Treatment Guidelines, 19th Edition (2014 web) Lumbar - Bone Morphogenetic Protein (BMP).

MAXIMUS 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, Fusion.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state that a referral for a surgical consultation is indicated for patients who have severe and disabling lower leg symptoms, activity limitations for more than 1 month, clear clinical, imaging, and electrophysiologic evidence of a lesion, and a failure of conservative treatment. Patients with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis may be candidates for a fusion. The Official Disability Guidelines state preoperative surgical indications for a spinal fusion should include identification and treatment of all pain generators, completion of all physical medicine and manual therapy interventions, documented instability on x-ray or CT myelogram, spine pathology limited to two levels, and a psychosocial screening. According to the documentation submitted, the injured worker has exhausted conservative treatment. However, there is no documentation of the completion of a psychosocial screening, as recommended by the above-mentioned guidelines. Therefore, the current request for extreme lateral interbody fusion with peek cage with Bone Morphogenetic Protein (BMP) or right iliac crest bone graft cannot be determined as medically appropriate at this time.

Walker with Front Wheels: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Contents, Treatment Guidelines, 19th Edition (2014 web) Knee Section - Walking Aids (Canes, Crutches, Braces, Orthoses & Walkers).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Walking Aides.

Decision rationale: The Official Disability Guidelines state walking aides are recommended for specific indications. The injured worker has been issued authorization for a lumbar discectomy with facetectomy at L3-4 and L4-5. Therefore, the current request can be determined as medically appropriate in this case.

Raised Toilet Seat: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Contents, Treatment Guidelines, 19th Edition (2014 web) Knee Section - Walking Aids (Canes, Crutches, Braces, Orthoses & Walkers).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Durable Medical Equipment.

Decision rationale: The Official Disability Guidelines state durable medical equipment (DME) is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. Certain durable medical equipment toilet items (commodes, bedpans, etc.) are medically necessary if the patient is bed- or room-confined. There is no indication that this injured worker will be bed- or room-confined following surgery. Therefore, the request is not medically necessary.

Grabber: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Durable Medical Equipment.

Decision rationale: The Official Disability Guidelines state durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. Certain DME toilet items (commodes, bedpans, etc.) are medically necessary if the patient is bed- or room-confined. The medical necessity for the requested DME has not been established. Therefore, the request is not medically necessary.