

Case Number:	CM14-0075276		
Date Assigned:	08/08/2014	Date of Injury:	03/31/1998
Decision Date:	10/17/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/22/2014

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 52-year-old male who reported injury on 03/31/1998. The mechanism of injury was not provided. Prior treatments included physical therapy, medications, and epidural and facet injections. The injured worker's medications included Dilaudid 4 mg, Fentanyl patch 25 ugm, Celebrex 200 mg, Cymbalta 60 mg twice a day, and Ultram ER 100 mg, as well as Baclofen 10 mg. The injured worker underwent an MRI of the lumbar spine on 03/21/2014, which revealed at the level of the L4-5, there was disc space narrowing with loss of nucleus pulposus signal intensity, and a 6 to 7 mm posterior disc bulge with moderate central canal narrowing and moderate bilateral neural foraminal narrowing. The Schmorl's nodes were noted in the superior and inferior endplates of L4. At L5-S1, there was disc space narrowing with a loss of nucleus pulposus signal intensity, and a 5 to 6 mm posterior disc bulge with mild central canal narrowing and bilateral neural foraminal narrowing, which was moderate on the left and moderate to severe on the right. The documentation of 04/01/214 revealed the injured worker had pain radiating towards the left leg. The physical examination revealed the injured worker had difficulty walking and had tenderness in the piriformis region. Hyperextension of the lower back caused radiating pain to the posterior thighs. There were muscle spasms present. The straight leg raise was positive to the left in a sitting and supine position. The deep tendon reflexes were 2+ bilaterally. The injured worker's strength was 5/5 bilaterally. The diagnosis included small central disc herniation at L5-S1, disc desiccation throughout the lumbar spine, and discogenic disease at L2-3, L4-5, and L5-S1. The treatment plan included the injured worker had moderate levels of disc herniation at the level of L3-4, L4-5, and L5-S1; and therefore; the physician performed a nerve conduction study that was indicative of bilateral L5 and bilateral S1, as well as left L4 sensory radiculopathy. Treatment plan included continuation of the pain management specialist. The documentation of 04/07/2014 revealed the injured

worker's pain had progressed over the last few years. The injured worker had a constant throbbing sensation in the low back. The pain was associated with severe shooting electric sensations radiating into his posterior and lateral aspects of his leg. The injured worker indicated the treatment for the low back included physical therapy, pain medication management, and behavioral management. There was documentation the injured worker had undergone multiple epidural and facet injections with minimal benefit. The physical examination revealed the straight leg raise test was positive bilaterally. The injured worker was utilizing a cane to facilitate mobilization. There was increased reflexes and ankle clonus in the bilateral lower extremities. The injured worker had decreased muscle strength bilaterally of 4/5 in the L5 distribution and 4-/5 in the L5-S1 distribution. The sensation in the lower extremities revealed decreased sensation in the right L4 nerve distribution and decreased sensation bilaterally in the L5 and S1 nerve roots. The diagnostic studies included the injured worker underwent x-rays in the office, and the injured worker had L2-3, L3-4, and L4-5 retrolisthesis. The retrolisthesis at L2-3 was 6 mm. It was 5 mm at L3-4, and it was 3 mm at L4-5. There was severe disc collapse at all levels. The diagnosis included L4-5 and L5-S1 retrolisthesis with disc herniations, with subsequent radiculopathy. The treatment plan included an L4-5 and L5-S1 decompression and possible fusion. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-S1 Decompression and possible fusion: 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, Spinal Fusion, Patient Selection Criteria for Lumbar Spine Fusion

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

Decision rationale: The American College of Occupational and Environmental Medicine indicate a surgical consultation may be appropriate for injured workers 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 the extreme progression of lower leg symptoms, and clear clinical, imaging and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair and documentation of a failure of conservative treatment to resolve disabling radicular symptoms. The clinical documentation submitted for review provided conflicting information within 6 days of examination from 04/01/2014 to 04/07/2014. There was electrophysiological evidence supporting the injured worker had a lesion to support surgical intervention. The injured worker, however, had moderate canal narrowing at L4-5 and had mild central canal narrowing at L5-S1 per MRI. The clinical picture was unclear due to the conflicting reports. Given the above, the request for L4-S1 decompression and possible fusion was not medically necessary.

Preoperative Clearance: Psychological: 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.

Preoperative Clearance: Labs: 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.

Preoperative Clearance: Internal Medicine: 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.

Preoperative Clearance: Chest XRay: 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.

Preoperative Clearance: EKG: 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.

External Bone Growth Stimulator: 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.

Postoperative Physical Therapy x 9: 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.

Postoperative Aquatic Therapy x 9: 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.

DME: Lumbar Brace: 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.

DME: Elevated Toilet Seat: 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.

DME: Front Wheeled Walker: 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.

DME: Reacher/Grabber: 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.