

Case Number:	CM14-0077327		
Date Assigned:	07/18/2014	Date of Injury:	05/09/2012
Decision Date:	08/26/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/27/2014

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 Surgery, has a subspecialty in Orthopedic Sports Medicine 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 50 year old male who is reported to have sustained an injury to his low back on 05/09/12. On this date, it is reported that he was pinned between a window and a lift sustaining injuries to the low back. It is reported that the injured worker has failed conservative management. However, no clinical records regarding physical therapy or procedure notes have been submitted for review. The record includes a diagnostic (EMG/NCV) study performed on 10/01/13 which reports findings consistent with a right L5 and S1 radiculopathy. The evaluator further notes that the injured worker is a diabetic and peripheral neuropathy could not be ruled out without additional testing. The record contains an MRI of the lumbar spine dated 04/30/14. This study notes that there is a loss of disc space signal at L3-4 and a loss of disc space height and signal at L5-S1. L5-S1 shows a 3-4 millimeter disc protrusion, not indenting the thecal sac due to a wide anterior epidural space at L5-S1. The right neuroforamen is reduced but not considered stenotic. There was an incidental finding of a 10 millimeter medial inferior right granule cyst. The record includes a clinical note dated 06/19/14 in which on physical examination sensation is reported to be reduced in the right L4, L5, and S1 distributions. Sensation is reduced in the left L5 and S1 distributions. Motor strength is reported to be graded as 4/5 on the right in the L4, L5, and S1 distributions and on the left in the L5 and S1 distributions. Per the most recent physical examination dated 07/10/14, the injured worker has an antalgic gait and ambulates with the use of a cane. He is noted to have paravertebral tenderness. Knee reflexes were 1+. Ankle reflexes were absent. Right extensor hallucis longus (EHL) and tibialis anterior (TA) are graded as 4/5. Sensation is reported to be decreased bilaterally in the L4 and L5 distributions. Straight leg raise is reported to be positive. The record contains a utilization review determination dated 04/21/14 in which requests for an L5-S1 decompression/fusion with transforaminal lumbar interbody fusion/posterior instrumentation,

posterior fusion; preoperative medical clearance; preoperative EKG; preoperative chest x-ray; and twelve postoperative physical therapy sessions were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 Decompression/Fusion with TLIF/Posterior Instrumentation, Posterior 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): 306-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Fusion.

Decision rationale: The request for an L5-S1 decompression/fusion with transforaminal lumbar interbody fusion/posterior instrumentation, posterior fusion is not supported as medically necessary. The submitted clinical records report that the injured worker has failed conservative management; however, there are no supporting documents establishing that the injured worker underwent an appropriate course of physical therapy or has undergone lumbar epidural steroid injections for his radicular symptoms. In addition to this, the record does not include lumbar flexion and extension radiographs to establish the presence of instability at the requested operative level. Per ACOEM Guidelines, there is no indication that the injured worker has been referred for a preoperative psychiatric evaluation. It would be noted that the injured worker has undergone an EMG/NCV study which suggests the presence of a right L5-S1 radiculopathy. However, as the injured worker is diabetic there is no indication that peripheral neuropathy has been ruled out as a cause for the injured worker's subjective complaints. The record includes an examination dated 06/19/14 in which the injured worker is noted to have motor and sensory loss at multiple levels which include L4, L5, and S1. Noting this, it is unclear if surgical intervention at one level would address these global findings. The most recent physical examination is more specific to the L4 and L5 levels. It is noted that the requestor feels that the injured worker would potentially require a wide decompression which would result in iatrogenic instability; however, the reported findings on the most recent MRI dated 04/30/14 do not support this. It is noted that there is evidence of disc degeneration at L3-4 and L5-S1. There is a disc protrusion; however, there is no compression of the thecal sac or no mention of lateralizing protrusions involving the lateral recesses and neuroforamina. Therefore, it would not appear that a wide decompression would be clinically indicated. Therefore, based on the information provided, there is no clinical indication for the performance of a fusion with transforaminal lumbar interbody fusion, posterior instrumentation, and posterior fusion.

Pre-Operative Medical Clearance: 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) Low Back Chapter, Preoperative Clearance.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-Operative EKG (Electrocardiogram): 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) Low Back Chapter, Preoperative electrocardiogram (ECG).

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-Operative Chest X-ray: 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) Low Back Chapter, Preoperative testing, general.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-Operative Physical Therapy to the Low Back X 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.