MAXIMUS Federal Services

Case Number:	CM14-0077406		
Date Assigned:	08/08/2014	Date of Injury:	08/11/2001
Decision Date:	09/18/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/28/2014

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 female who reported an injury on 08/11/2001. The mechanism of injury was not provided. The prior treatments were noted to include surgical intervention, chiropractic care, acupuncture, injections, stretching, strengthening, traction, pain medications, and anti-inflammatory medications, as well as physical therapy. The injured worker was noted to have a laser discectomy at L4-5 in 12/2002. The other surgeries were noncontributory. The documentation of 04/15/2014 revealed the injured worker had severe low back pain and radiating leg pain. The injured worker was noted to be approved for a lumbar epidural steroid injection and it was noted to help with some of the radiating leg pain for a week or so, after which the pain returned. The injured worker indicated the pain remained primarily on the right side and ran down the right lateral leg into the right foot. The injured worker's medications were noted to include Soma 350 mg tablets, oxycodone hydrochloride 10 mg, hydrocodone/acetaminophen 10/250 mg tablets, carisoprodol 350 mg tablets, and Vicoprofen 7.5/200 mg. The documentation indicated the injured worker's magnetic resonance imaging (MRI) of the lumbar spine dated 08/2013 revealed postoperative changes at the L4-5 level. There was significant disc space height loss at L4-5 with posterior saddle shaped disc bulge and annular tear. There was evidence of right neural foraminal narrowing secondary to disc bulging. The injured worker underwent lumbar spine x-rays per the physician documentation on 04/15/2014, which revealed significant degenerative disc disease and disc space height loss at L4-5. The physical examination revealed the injured worker's reflexes were 2+ in the bilateral ankles and knees. The injured worker had sensation that was diminished in the right dorsal foot. There was decreased range of motion of the lumbar spine. The injured worker's strength in the tibialis anterior on the right was 4+/5. The straight leg raise was positive on the right. The diagnosis included herniated nucleus pulposus of the lumbar region. The discussion indicated

the injured worker had not responded to conservative medical treatment means and the MRI revealed significant degenerative disc disease at L4-5 with dish height loss. The injured worker had weakness, pain, and loss of sensation on the right side correlating with MRI findings and as such, the physician opined the injured worker was a surgical candidate. The documentation indicated that the injured worker had previously undergone a microdiscectomy in 2002 and further effort at disc decompression would create a lumbar instability and necessitate instrumented fusion. The treatment plan included an L4-5 lumbar decompression with interbody instrumented fusion. There were detailed Requests for Authorization submitted for the requested procedures.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 Lumbar Decompression with interbody instrumented fision: 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): 305-307.

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM) indicates that a surgical consultation is 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. There should be 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. There should be documentation of a failure of conservative treatment to resolve disabling radicular symptoms. The clinical documentation submitted for review indicated the injured worker had clear clinical findings and a failure of conservative treatment. However, the MRI was not provided for review. There was a lack of documentation of electrophysiological evidence of a lesion that has been shown to benefit in both the long and short term from surgical repair. Given the above, and the lack of documentation of exceptional factors to warrant non-adherence to Guideline recommendations, the request for L4-5 Lumbar Decompression with interbody instrumented fision is not medically necessary and appropriate.

Assistant Surgeon: 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): 305-307.

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

Inpatient hospital stay x 2: 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): 305-307.

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

Interoperative Spinal cord monitoring.: 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): 305-307.

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