

Case Number:	CM14-0080117		
Date Assigned:	08/08/2014	Date of Injury:	08/02/2005
Decision Date:	09/17/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	05/30/2014

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 67-year-old male who reported injury on 08/02/2005. The diagnoses were spinal stenosis of acquired spondylolisthesis, lumbago, and sprain of the lumbar region. The mechanism of injury was not provided. The prior treatments included a radiofrequency ablation, epidurals, and medication management. The injured worker was noted to have a lumbar myelogram and post myelo CT scan on 01/20/2014. The injured worker was noted to have an electromyogram and nerve conduction study on 01/23/2014. The CT of the lumbar spine without contrast on 01/20/2014 revealed at the level of L4-5, the injured worker had moderate marked foraminal stenosis with impingement. At the level of L4-5, there was moderate central canal stenosis. At the level of L5-S1, there was severe bilateral foraminal stenosis with L5 nerve impingement. The impression additionally included severe multilevel lumbar spondylosis, L1-S1 with facet arthropathy and subluxation of L1-2 through L4-5. The documentation indicated the injured worker's electromyogram nerve conduction study came back abnormal in the right lower extremity consistent with a chronic right L4-5 radiculopathy. The injured worker was noted to have a CT myelogram, which revealed generalized advanced spondylosis with gas present at L1-S1. The injured worker had a grade 1 L4-5 degenerative spondylolisthesis, and at that level there was moderate, bilateral spondylolytic lateral recess stenosis. The injured worker was noted to have advanced facet arthropathy, especially bilaterally at L4-5 and right L5-S1. At L5-S1 there was some right lateral recess stenosis. The CT myelogram was dated 01/20/2014. The documentation of 12/19/2013 revealed the injured worker had hypersensitivity in the area around the radiofrequency ablation, and had some right leg radiculopathy going down to his fourth and fifth toes. The documentation of 04/30/2014 revealed the injured worker had a follow-up on an EMG (Electromyography) and the lumbar myelogram and post myelogram CT scan. The injured worker had subjective pain. The injured

worker indicated the pain level was 5/10 to 6/10 and was mainly axial, and to a lesser degree in the right leg was radicular. The objective findings revealed the examination was unchanged from previous documentation. The diagnoses included chronic axial lumbar pain, more so than radicular pain especially right sided pain syndrome in the setting of multilevel lumbar spondylosis with vacuum degenerative discs at L1-S1, grade 1 L4-5 degenerative spondylolisthesis with bilateral L4-5 and right L5-S1 spondylolytic lateral recess stenosis. The treatment plan included that the injured worker was a candidate for bilateral decompression at L4-5, right versus less likely bilateral at L5-S1 and definite arthrodesis at L4-5, with less likely arthrodesis at L5-S1. The physician indicated at the level of L4-5, he would perform a transforaminal lumbar interbody fusion and a posterior spinal fusion. There were detailed Request for Authorization forms submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision of L4-S1 laminectomy, L4-L5 possible L5-S1 TLIF (Transforaminal Lumbar Interbody Fusion), PSF (Posterior Spinal Fusion): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Low Back Chapter American Medical Association (AMA) Guides - Radiculopathy, Instability).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307-309.

Decision rationale: The American College of Occupational and Environmental Medicine indicate 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 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. Additionally, there is no good evidence from control trials that spinal fusions alone are effective for treating any type of acute low back problem in the absence of spinal fracture, dislocation of spondylolisthesis if there is instability and motion in the segment operated on. The electrodiagnostic studies would not be applicable for a laminectomy or fusion. The documentation indicated the injured worker had markedly diminished disc height with diffuse, both with marginal osteophyte and facet arthropathy with severe bilateral foraminal stenosis with L5 nerve root impingement at the level of L5-S1. There was no central canal stenosis. At L4-5 there was markedly diminished disc height with diffuse bulge and marginal osteophyte and facet arthropathy with L4 anterolisthesis contributing to moderate to severe bilateral foraminal stenosis with impingement upon the L4 nerve roots. There was moderate central canal stenosis from the changes and there was ligamentum flavum hypertrophy. The documentation indicated the injured worker had pain that was unchanged. The injured worker

had difficulty touching his toes and could not reach down to get closer than about 24 inches from the floor with pain with back extension and numbness in his right leg and in the fourth and fifth digits of his right foot. There was a lack of documentation of x-ray evidence of instability on flexion and extension. The documentation indicated that the prior treatments included a radiofrequency ablation, epidurals, and medication management. However, there was a lack of documentation of the duration and other types of conservative care that was provided including physical medicine treatment. The request as submitted included a "Lumber 405 possible Lumbar 5 -Sacral 1 TLIF". There was no clarification indicating what "405" meant. Given the above, the request for L4-S1 laminectomy, L4-L5 possible L5-S1 TLIF (Transforaminal Lumbar Interbody Fusion), PSF (Posterior Spinal Fusion) is not medically necessary and appropriate.

Assistant surgeon: 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.

Hospital stay for 2-3 day: 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.

Raises 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.

Cold Therapy Unit: 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.

Front Wheel 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.