MAXIMUS Federal Services

Case Number:	CM14-0085121		
Date Assigned:	07/23/2014	Date of Injury:	09/01/2007
Decision Date:	10/14/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/07/2014

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 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 an injury on 09/01/2007. The mechanism of injury was due to reaching. The injured worker was noted to undergo a lumbar laminectomy at L3-4 on 04/15/2013. Prior therapies included physical therapy. The injured worker's medications included Vicodin and Lyrica. The injured worker underwent a 4 view of the lumbar spine on 04/14/2014, which revealed an anterior L3-4 disc space narrowing with flexion, new since 07/15/2013. The injured worker underwent an MRI of the lumbar spine without contrast on 10/11/2013, which revealed multilevel degenerative disc and joint disease. There were postsurgical changes in the lower lumbar spine status post L3-4 laminectomy. There was moderate central canal stenosis at L4-5 and there was encroachment of the left descending L5 nerve root. There was sacralization of L5 and a posterior annular disc tear at L4-5. There was a 2 mm retrolisthesis of L5 on S1. There was an 8.3 mm synovial cyst posterolateral to the right L3 facet joint. There was a detailed request for authorization for a posterior lumbar interbody fusion at L4-5 and a preoperative clearance. The diagnoses included lumbar disc degenerative disease. The progress note dated 05/12/2014 revealed the injured worker was utilizing a can and had severe pain. The injured worker was noted to have swelling, tightness, and stiffness making it hard to function daily, especially without pain. The injured worker's medications included Colace 100 mg capsules, diazepam 5 mg capsules, Flexeril 10 mg tablets, Flonase 50 mcg per inhalation nasal spray 2 sprays, Lidoderm 5% patches, Lyrica 75 mg tablets, Lyrica 25 mg tablets, Percocet 10/325 mg tablets, and Vicodin ES 7.5/750 mg tablets. The injured worker was not a smoker. The injured worker was noted to be ambulating well. The injured worker had 5/5 lower strength and was able to stand on his heels and toes. There was no atrophy. The sensation was grossly intact to light touch in the bilateral lower extremities, and the reflexes were symmetric bilaterally. The review/management indicated the injured worker had some residual

stenosis at L4-5 which would require a complete facetectomy and fusion. The impression was the injured worker's condition was worsening. The treatment plan included pain management and physical therapy. There was a Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar fusion posterior lumbar interbody fusion L4-5: 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 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. Additionally, there is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. Clinicians should consider referral for psychological screening to improve surgical outcomes. There was a lack of objective findings to support the injured worker had instability. The documentation indicated the injured worker was ambulating well, had 5/5 motor strength in his lower extremities, and sensation was grossly intact to light touch in both lower extremities, as well as reflexes were symmetric bilaterally. There was a lack of documentation indicating the injured worker under a psychological screening and there was a lack of documentation of exhaustion of conservative care. There was a lack of documentation of radiologic examinations of the lumbar spine in flexion and extension to support that the injured worker had instability. The request as submitted failed to indicate the levels for the requested surgical intervention and it indicated the request was for a combined surgery, however, the combination of levels or type of combination being requested was not provided. Given the above, the request for lumbar spine fusion combined is not medically necessary.