

Case Number:	CM14-0088304		
Date Assigned:	07/23/2014	Date of Injury:	05/02/2006
Decision Date:	08/28/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/11/2014

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 47 year old female who sustained multiple injuries as a result of workplace event occurring on 05/02/06. Mechanism of injury was not described. The records indicated treatment to the cervical spine, bilateral upper extremities and low back. Per the submitted clinical records the injured worker complained of low back pain radiating into the lower extremities left greater than right. The injured worker is status post anterior cervical discectomy and fusion from C5 to T1 on 09/10/13 with resolution of her upper extremities radicular symptoms. Per a clinical note dated 05/06/14, the injured worker had loss of normal lumbar lordosis. There was tenderness over the L4 through S1 paraspinals with spasms. A range of motion was diminished in all planes. There was positive straight leg raise in the left greater than right leg; producing back pain and sciatica. The lower extremity motor strength was diminished in the anterior tibialis and gastrocnemius, sensation was diminished to light touch over L5 and S1 dermatomal distributions. achilles reflexes were diminished, magnetic resonance image of the lumbar spine with flexion/extension views dated 02/17/14 noted disc desiccation at L2-3 and L5-S1, and modic endplate changes at L2-3 and L5-S1. There were incidental findings of hemangioma at L2 and L3. There was straightening of the lumbar lordotic curvature with restricted range of motion in extension. At L2-3 there was broad based posterior disc herniation indenting, the thecal sac with concurrent hypertrophy at the facet joints, and ligamentum flava which caused stenosis of the bilateral neural foramen. There was no change between flexion and extension. At L3-4 there was a broad based posterior disc protrusion with left focal paracentral component with concurrent hypertrophy of the facet joints and ligamentum flava which caused stenosis of the left more than the right neural foramen that contact the left L3 exiting nerve root. There was no change between flexion/extension. At L4-5 there was broad based posterior disc herniation which caused stenosis of the spinal canal and bilateral lateral

recess with contact on the bilateral L5 transiting nerve roots. There was concurrent hypertrophy of the facet joints and ligamentum flava which caused stenosis of the bilateral neural foramina that contact the bilateral L4 exiting nerve roots. There was no change between flexion/extension views. At L5-S1 there was broad based posterior disc herniation indenting the thecal sac with concurrent hypertrophy at the facet joints and ligamentum flava which caused stenosis of the bilateral neural foramen that contact the bilateral L5 exiting nerve roots. There was no change between flexion/extension views. The injured worker failed conservative management consisting of oral medications physical therapy and injections. A prior utilization review determination dated 05/13/14 non-certified the requests for L5-S1 intervertebral body fusion with instrumentation, pre-operative medical clearance, inpatient hospital stay of three to four days, assistant for surgery and bilateral laminotomy, foraminotomy and discectomy at L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 intervertebral body fusion, post instrumental fusion: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306-307.

Decision rationale: The submitted clinical records indicate that the injured worker has complaints of low back pain radiating into the lower extremities left greater than right. She failed all conservative management. It indicated the presence of disc protrusions/disc herniations at L4-5 and L5-S1. The submitted magnetic resonance image shows no change between flexion/extension views. As such there is no evidence of instability at the requested operative levels. The injured worker is stenotic at L4-5 and L5-S1 and the performance of a decompression would be clinically indicated. However, there is no evidence supporting fusion. Per both American College of Occupational and Environmental Medicine and Official Disability Guidelines there must be evidence of instability to establish medical necessity for the performance of fusion procedure. The request for L5-S1 intervertebral body fusion, post instrumental fusion is not medically necessary.

Pre-operative medical clearance.: 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 Lumbar Spine (Acute & Chronic) preoperative testing general.

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: This request is predicated on the approval of surgical intervention. At this time there is insufficient evidence supporting the surgical request and therefore this request cannot be supported as medically necessary.

Inpatient hospital three to four day stay.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines : Hospital Stay.

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, Hospital Length of Stay.

Decision rationale: This request is predicated on the approval of surgery. As the surgical request has not been found to be medically necessary the request for inpatient stay is not supported.

Assistant for surgery.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Surgeons.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence AMA Physicians as Assistants in Surgery.

Decision rationale: The request for assistant for surgery is not supported as medically necessary. This request is predicated on the approval of surgery. As the surgical intervention has not been approved the request for assistant is not established as medically necessary.

Bilateral laminectomy, foraminotomy and discectomy of L4-S.: Overturned

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

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 Chapter, Decompression.

Decision rationale: The request for bilateral laminectomy, foraminotomy and discectomy of L4-S1 is supported as medically necessary. The submitted clinical records indicate that the injured worker is stenotic at both L4-5 and L5-S. She is further noted to have stable disc protrusions at these levels. She failed conservative management and continues to have objective findings consistent with lower extremities radiculopathy as such, the request for Bilateral laminectomy, foraminotomy and discectomy of L4-S1 is recommended as medically necessary.