

Case Number:	CM14-0088560		
Date Assigned:	08/08/2014	Date of Injury:	02/16/2012
Decision Date:	09/17/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/12/2014

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 40-year-old male who reported an injury on 02/16/2012 due to a mechanism of injury of moving a boulder while performing normal job duties. The injured worker reportedly sustained an injury to his low back. Previous treatments included activity modifications, anti-inflammatory medications, physical therapy, bracing, chiropractic care, epidural steroid injections. The injured worker underwent an electrodiagnostic study on 03/19/2013 that documented there was no electrodiagnostic evidence of radiculopathy or nerve root impingement. The injured worker underwent a psychological evaluation in 02/2013 that the documented the injured worker was not considered an appropriate candidate for surgical intervention and would benefit from counseling and training to assist with depressive symptoms. The injured worker underwent an MRI on 06/20/2013. It was concluded that the injured worker had L4-5 and L5-S1 degenerative disc disease with a patent central canal and neural foramina at the L4-5 and L5-S1. The injured worker was evaluated on 03/06/2014. It was documented that the injured worker had ongoing low back pain complaints recalcitrant to conservative management. It was noted that the injured worker had pain reported at a 7/10 to 10/10. It was noted that the injured worker's current medications included hydrocodone. Physical findings included tenderness to palpation over the L4-5 and L5-S1 area with palpable paraspinal muscle spasming and limited range of motion secondary to pain. The injured worker had 5/5 motor strength of the bilateral lower extremities, normal sensation to light touch, and deep tendon reflexes were equal and symmetrical bilaterally. The injured worker had a negative straight leg raising test bilaterally. The injured worker's diagnoses included L4-5 and L5-S1 severe discogenic changes, C5-6 disc protrusion at the C4-5, C5-6 and C6-7, and midthoracic multilevel disc degenerative changes with painful discogenic changes. The injured worker's treatment plan at that appointment included a medial branch block at the L4-5 and L5-S1 to assess if the lower 2

facet joints were the injured worker's pain generator. Medical management case manager notes were submitted for 07/09/2014 and 04/15/2014 and 04/18/2014. However, no independent clinical evaluation was provided by the requesting provider. A letter of appeal dated 05/09/2014 indicated that the injured worker was an appropriate surgical candidate due to the fact that there was 2 levels of discogenic disease with disc protrusion and annular tearing with severe disc degeneration getting progressively worse with conservative care. It was noted that the injured worker was having neurological changes as well. It was indicated that there was significant lateral recess stenosis noted on the MRI, and any decompression would require significant bony resection rendering the injured worker's spinal column unstable and requiring fusion. Request for Authorization for lumbar fusion at the L4-5 with neural monitoring and other associated requests was provided on 05/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lateral Lumbar Fusion L4-5, L5-S1 Discectomy, Decompression and Instrumentation with Neuromonitoring: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines: Radiculopathy pages 382-383.

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

Decision rationale: The requested lateral lumbar fusion of the L4-5 and L5-S1 discectomy decompression and instrumentation with neuromonitoring is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend lumbar fusion surgery in the instance of instability when there are clear clinical exam findings of radiculopathy consistent with the etiology identified on an imaging study that has failed to respond to conservative treatment. It is also recommended that the injured worker undergo a psychological evaluation prior to spinal surgery. The clinical documentation does indicate that the injured worker underwent a psychological evaluation in 02/2013 that did not recommend the injured worker as a surgical candidate and stated that the injured worker would benefit from further psychological care. There is no documentation that the injured worker has undergone further psychological care or that an additional evaluation has been provided to clear the injured worker as a surgical candidate from a psychological perspective. Furthermore, the MRI submitted for review does not clearly identify significant pathology that would render instability intraoperatively and require fusion surgery. Also, the most recent clinical evaluation dated 03/06/2014 does not provide any evidence of radiculopathy. The injured worker has a negative straight leg raising test, normal motor strength, and no decreased reflexes. Therefore, fusion surgery would not be supported in this clinical situation. As such, the request for lateral lumbar fusion of the L4-5 and L5-S1 discectomy, decompression, and instrumentation with neuromonitoring is non-certified, and it is not medically necessary or appropriate.

Posterior Lumbar Fusion L4-5, L5-S1 Discectomy, Decompression and Instrumentation with Neuromonitoring: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines: Radiculopathy pages 382-383.

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

Decision rationale: The requested posterior lumbar fusion of the L4-5 and L5-S1 discectomy decompression and instrumentation with neuromonitoring is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend lumbar fusion surgery in the instance of instability when there are clear clinical exam findings of radiculopathy consistent with the etiology identified on an imaging study that has failed to respond to conservative treatment. It is also recommended that the injured worker undergo a psychological evaluation prior to spinal surgery. The clinical documentation does indicate that the injured worker underwent a psychological evaluation in 02/2013 that did not recommend the injured worker as a surgical candidate and stated that the injured worker would benefit from further psychological care. There is no documentation that the injured worker has undergone further psychological care or that an additional evaluation has been provided to clear the injured worker as a surgical candidate from a psychological perspective. Furthermore, the MRI submitted for review does not clearly identify significant pathology that would render instability intraoperatively and require fusion surgery. Furthermore, the most recent clinical evaluation dated 03/06/2014 does not provide any evidence of radiculopathy. The injured worker has a negative straight leg raising test, normal motor strength, and no decreased reflexes. Therefore, fusion surgery would not be supported in this clinical situation. As such, the request for posterior lumbar fusion of the L4-5 and L5-S1 discectomy, decompression, and instrumentation with neuromonitoring is non-certified, and it is not medically necessary or appropriate.

Pre-Op Medical Clearance - Consult: 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 Chapter, Preoperative testing.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Assistant Vascular Surgeon x 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Rationale/Medical Resources Utilized/Guidelines Utilized: Evidence based guidelines.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

In patient hospital stay #7 days: 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 length of stay (LOS) guidelines: Discectomy.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Post Op LOS lumbar support brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines: lumbar supports.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Post Op Cold Therapy Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PubMed - Indexed for MEDLINE.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Post Op Bone Growth Stimulator: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck and Upper Back Chapter: BGS are under study.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.