

Case Number:	CM14-0091220		
Date Assigned:	09/12/2014	Date of Injury:	10/05/2013
Decision Date:	10/17/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/16/2014

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 58-year-old male who reported injury on October 5, 2013. The mechanism of injury was a trip and fall. The surgical history included surgery for a herniated disc in 1993 or 1994. The injured worker underwent x-rays of the lumbar spine on March 4, 2014 with no evidence of instability on flexion and extension views of the lumbar spine. The injured worker was noted to be a smoker of 1 half pack per day. The injured worker's medications included Percocet 10/325 mg tablets and gabapentin 300 mg capsules. The documentation of March 4, 2014 revealed the physician disagreed with the radiologic findings and the physician documented there was clear cut retrolisthesis of L2-3 worsening in extension. The injured worker underwent an MRI of the lumbar spine without contrast on 01/02/2014, which revealed at L1-2 there was severe disc height loss and disc degeneration with a circumferential annular tear of the disc. There was a 3 mm circumferential disc bulge and moderate facet arthrosis. There was moderate spinal stenosis. The spinal canal measured 9 mm. The neuro foramina were patent. At the level of L2-3, there was moderate to severe disc height loss and disc degeneration with a 3 mm circumferential disc bulge. There was moderate facet arthrosis and the neural foramina and spinal canal were normal. At L3-4, there was moderate disc height loss and disc degeneration with both fatty and edematous endplate changes and a Schmorl's node formation in the inferior endplate of L3. There was a 3 mm central disc protrusion and moderate facet arthrosis. This was associated with mild right lateral recess narrowing. There was mild spinal stenosis. The spinal canal measured 8 mm. The neural foramina were patent. Documentation of May 1, 2014 revealed the injured worker had pain and numbness radiating down the left leg with poor waking durance. The injured worker was noted to be a current every day smoker. The physical examination revealed the injured worker had a marked left lower antalgic gait. The injured worker was noted to be almost unable to weight

bear. The injured worker had restricted range of motion 5 degrees and a marked left sciatic notch tenderness. The injured worker had -2 reflexes in the dorsal left foot and -2 gastrocnemius/soleus left foot. The injured worker had a positive straight leg raise on the left at 20 degrees. The physician documented the x-rays and medical imaging for another facility were reviewed and the physician agreed with the radiology report that was within the medical records. The MRI was noted to show 3 level disease at L1-4 with stenosis at all 3 levels, and the flexion/extension views showed fixed retrolisthesis of L1-2, worst on L2-3, and L3-4. The diagnoses included lumbar spondylolisthesis, lumbar spinal stenosis, degeneration disc disease of the lumbar spine, and lumbar radiculopathy. The treatment plan included a lami/fusion at L1-2, L2-3, and L3-4. There was no 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:

L1-L4 Laminectomy/PLIF/fusion: 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 would be no need for an EMG (electromyogram)/NCV (nerve conduction velocity) study as it is noncontributory for a fusion. The clinical documentation submitted for review failed to provide documentation of a recent exhaustion of conservative care. The MRI that was submitted for review indicated the injured worker had mild spinal stenosis at the level of L1-2, and at the level of L2-3 the spinal canal was normal, and at the level of L3-4 there was mild spinal stenosis. The injured worker was noted to continue smoking and there was a lack of documentation indicating the physician discussed smoking cessation as smoking could interfere with the fusion. There was a lack of documentation indicating the injured worker had a psychological screening and clearance as the request was for a multiple level surgery. Given the above, the request for L1-L4 Laminectomy/PLIF/fusion is not medically necessary or appropriate.

Two day inpatient hospital stay: 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.