MAXIMUS Federal Services

Case Number:	CM14-0097393		
Date Assigned:	07/28/2014	Date of Injury:	10/23/2012
Decision Date:	09/09/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/25/2014

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 California. 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:

Lumbar spine MRI on 3/19/2014 provided the impression: 1. L5-S1 asymmetrical disc disease, endplate osteophytosis, facet arthropathy, and ligamentum flavum redundancy contributes to moderate left-sided neural foraminal stenosis and compression of the exiting left L5 nerve root. 2. Laterally directed disc and osteophyte disease contacts the exiting right L4 and left L5 nerve roots is the extraforaminal zone. 3. Mild bilateral L3-L4, L4-L5 and left L5-S1 recess narrowing. This causes minimal effacement of the transiting bilateral L4, bilateral L5, and the left S1 nerve roots. 4. Overall imaging appearance is unchanged when compared to the previous exam from December 2012. The patient presented for a follow-up reevaluation on 5/29/2014. She had a second opinion consultation with a [redacted] who recommends decompression and 360 fusion at L5-S1. She continues to have pain in the back and down the left lower extremity and is not improved with conservative treatment. Pain is rated 6-7/10. Medications are Naprosyn, Flexeril, and Norco. She is a current daily cigarette smoker. On examination, patient moves independently, can walk on heels and toes, has increased pain when on the toes of the left lower extremity. She has forward flexion to within 18 inches of fingertips to toes, 15 degrees extension, 20 degrees lateral bend, 45 degrees rotation in each direction. She can do full squat without difficulty, she has pain on straight leg raise at 70 degrees on the left, negative on the right. Reflexes are 2+ at the knees and right ankle and absent on the left ankle. She has some slight tenderness in lumbosacral area. Recommendation is for lumbar surgery with decompression and fusion at L5-S1.The patient returned for follow-up evaluation on 7/11/2014. Back pain continues in range of 7-8/10 with pain down the left lower extremity rated 5-6/10. There has been no interval changes to her general health or medical history. She is not working. Medications are Naprosyn, Flexeril, and Norco. She is a current daily cigarette smoker. On examination, she walks with minimally antalgic gait, can walk on heel/toes without gross weakness, forward

flexion is to within 20 inches of fingertips to toes, 15 degrees extension with pain and lateral bend with pain on the left, 45 degrees rotation and can do 90% squat. She has tight hamstrings somewhat worse on the left than right, 2+ reflexes at the knees, 1+ at the right ankle, and absent at the left. Diagnosis is ongoing back pain and sciatic left lower extremity due to disc and hypertrophic facet at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L5-S1 Microscopic Laminotomy Discetomy, Partial Facetectomy, Foraminotomy, L5-S1 TLIF Or PLIF With Peek Cage And L5-S1 Posterior Instrumented Fusion With Cortical Pedical Screws And Rods Inpatient Stay X 2 Days: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306-307. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Worker Compensations, Low back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Spinal Fusion.

Decision rationale: Based on the MRI findings and clinical examination findings, the patient may be a candidate for decompression/discectomy at L5-S1 level. However, the medical records do not establish there is spinal instability at the L5-S1 level, to warrant consideration of fusion. According to the guidelines, spinal fusion in the absence of fracture, dislocation, unstable spondylolisthesis, tumor or infections, is not supported. Also, there is no evidence that psychological clearance has been obtained. Furthermore, the patient is a daily smoker, there is no indication the patient has successfully stopped smoking. Given these factors, the medical records do not establish the patient is a candidate for the proposed surgical procedure. The medical necessity of the request has not been established.