

Case Number:	CM14-0099965		
Date Assigned:	09/16/2014	Date of Injury:	05/04/2010
Decision Date:	10/28/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/30/2014

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 Surgeon, 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 48-year-old female who reported an injury on 05/04/2010. The mechanism of injury was not provided. The injured worker underwent an MRI of the lumbar spine on 04/15/2014 which revealed at the level of L4-5, there was a minimal annulus bulge. There was superimposed minimal annulus fissure laterally on the right without focal disc protrusion. There was no stenosis of the central canal or neural foramen bilaterally. At L5-S1, there was a 2 to 3 mm lateral disc protrusion with osteophyte complex. There was no significant sign of stenosis of the right L5 foramen. The central canal and left neural foramen remained patent. There were no findings of significant facet arthrosis. The documentation of 04/18/2014 revealed the injured worker had complaints of pain in her back. The injured worker had axial back pain. The injured workers' pain was aching and burning. The physical examination revealed there was hypolordosis at rest. There was paraspinal tenderness and spasm to palpation. There was no sign of spinal instability. The injured worker could walk on her toes and heels. The injured worker had decreased range of motion in extension and bilateral tilting. The motor examination revealed normal strength. The sensation testing revealed mild sensory deficits in the lower extremities. The physician documented that they reviewed the MRI of 04/15/2014 which revealed disc desiccation at L4-5 and L5-S1. There was a right sided disc protrusion at L5-S1 without significant stenosis and an annular tear on the right at L4-5. The diagnoses included L4-5 and L5-S1 discogenic pain causing mild stenosis, status post right shoulder arthroscopic subacromial decompression with Mumford procedure, left shoulder impingement syndrome with acromioclavicular joint pain, right greater than left knee strain with medial mechanical symptomatology, right elbow strain, depression, and chronic pain syndrome. The treatment plan and Request for Authorization indicated the injured worker had much less leg pain at this time and had axial back pain. The injured worker had discogenic pain at L4-5 and

L5-S1 which was proven per the physician by discography on 05/14/2012. The physician documented the L3 and L4 discs were normal and the pain generators were the L4-5 and L5-S1 discs. The physician documented the injured worker had failed a long course of nonsurgical treatment and would require a fusion at L4-5 and L5-S1. The subsequent documentation of 06/04/2014 revealed the injured worker had annular tears and a positive discography and the injured worker had not been screened for psychosocial variables as the procedure was not deemed to be medically necessary. The physician opined a surgical treatment is medically warranted and the physician documented the injured worker failed conservative therapies. The injured worker's pain had significantly become incapacitating over the course of time resulting in her inability to function. There was a detailed request for authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 day length of 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Anterior lumbar interbody fusion L4-L5 and L5-S1 using cages and allograft. Post lateral fusion at L4-L5 and L5-S1 using rigid segmental and allograft with vascular surgeon assistant: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 305, 310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Surgical assistant

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. The clinical documentation submitted for review indicated the injured worker had a failure of conservative care. Electrophysiologic evidence would not be necessary for a fusion. The injured worker had a 2 to 3 mm right lateral disc protrusion with osteophyte complex and no significant stenosis of the L5 foramen, and the central canal and left neural foramen were patent. The physician documented that the injured worker underwent a CT scan that indicated the levels of pain generator being the L4-5 and L5-S1. However, the CT scan discography was not provided for review to support the necessity for the surgical intervention. The physician documented in 04/2014 that the injured worker had no instability upon physical examination. The Official Disability Guidelines recommends surgical assistants for complex surgeries. The surgical intervention would be a complex surgery and if the surgical intervention was found to be medically necessary, this request would be supported. Given the above, the request for anterior lumbar interbody fusion L4-L5 and L5-S1 using cages and allograft and post lateral fusion at L4-L5 and L5-S1 using rigid segmental and allograft with vascular surgeon assistant is not medically necessary.