

Case Number:	CM14-0126432		
Date Assigned:	08/11/2014	Date of Injury:	08/29/2013
Decision Date:	03/23/2015	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	08/08/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 43 year old female was injured 8/29/13 in an industrial accident that involved bending. She complains of chronic back pain with radiation to the left buttock, thigh and calf. Medications were Motrin which offered some relief, Soma, Tylenol #3. Diagnoses lumbar stenosis; lumbar neurogenic claudication symptoms; lumbar disc displacement and radiculitis, left side. Treatments included physical therapy which offered minimal relief; trigger point injection along the pisiform which offered some relief with numbness and tingling. Diagnostics included MRI lumbar spine (12/16/13) which revealed degenerative disk disease and degenerative joint disease; x-ray of the lumbar spine (12/16/13). On 6/16/14 Utilization Review non-certified the requests for Urgent Foraminotomy and Discectomy, Transforaminal Lumbar Interbody Fusion L4-S1; Urgent 3 day Hospital stay; Urgent Assistant Surgeon and Urgent Decompression of L4-5 and L5-S1 with bilateral Facetectomy based on documentation failing to meet evidence based guidelines. Guidelines reference was MTUS, ACOEM Chapter 12 and ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decompression of L4-5 and L5-S1 with Bilateral Facetectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013 Low Back, Indications for Surgery

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 306.

Decision rationale: California MTUS guidelines indicate surgical considerations for severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies, preferably with accompanying objective signs of neural compromise, activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms, 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 failure of conservative treatment to resolve disabling radicular symptoms. There is no electrophysiologic evidence of radiculopathy and the MRI does not show clear evidence of nerve root compression. The direct methods of nerve root decompression include laminotomy, standard discectomy, and laminectomy. The documentation indicates noncompliance with physical therapy. Documentation from 5/29/2014 indicates absence of severe or debilitating lower leg symptoms. Muscle weakness of 4/5 to the left foot dorsiflexors was noted. Otherwise there was no motor weakness. There was diminished sensation to the left lateral shin and absence of left Achilles reflex. Straight leg raising was positive on the left at 45. There was lack of documentation detailing failure of conservative treatment to include compliance with a physical therapy program and epidural steroid injections as well as the absence of a psychological evaluation. As such, conservative measures have not been exhausted and the medical necessity of decompression at L4-5 and L5-S1 with bilateral facetectomy, foraminotomy, and discectomy is not established.

Foraminotomy & Discectomy, Transforaminal Lumbar Interbody Fusion (L4-S1): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013 Low Back, Indications for Surgery

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307, 310.

Decision rationale: Foraminotomy and discectomy have been addressed with decompression. California MTUS guidelines indicate patients with increased spinal instability after surgical decompression at the level of the degenerative spondylolisthesis may be candidates for fusion. There is no scientific evidence about the long-term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis compared with natural history, placebo, or conservative treatment. There is no good evidence 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. The documentation does not indicate any evidence of instability at L4-5 or L5-S1. There is no

degenerative spondylolisthesis documented. On page 310 the guidelines do not recommend spinal fusion in the absence of fracture, dislocation, complication of tumor, or infection. As such, the request for a spinal fusion at L4-5 and L5-S1 is not supported and the medical necessity of the request is not substantiated.

Inpatient Hospital Stay (3-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 (ODG), Treatment Index, 11th Edition (web), 2013 Low Back, Hospital Length of Stay

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.

An Assistant Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013 Low Back, Surgical Assistant

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.