

Case Number:	CM14-0184129		
Date Assigned:	11/13/2014	Date of Injury:	08/03/2010
Decision Date:	01/31/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/05/2014

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, has a subspecialty in Spine 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:

According to the records made available for review, this is a 64-year-old male with an 8/3/10 date of injury. At the time (11/3/14) of Decision for L4-L5 Transforaminal lumbar interbody fusion, L5-S1 Transforaminal lumbar interbody fusion, MRI lumbar spine, Pre-op chest x-ray, Pre-op EKG, Pre-op CBC, Pre-op BMP (lab), and Pre-op PT/PTT (labs), there is documentation of subjective (radiating low back pain down to the left thigh and hamstring area) and objective (restricted range of motion of the lumbar spine and tenderness to palpitation over the lumbar spine and the left lumbosacral angle) findings, imaging findings (Reported MRI of the Lumbar spine (4/15/14) revealed significant worsening of the L4-L5 stenosis and loss of foraminal height at L4-L5; and MILD-to-MODERATE stenosis at L5-S1; report not available for review), current diagnoses (chronic lumbar back strain superimposed on degenerative disease at multiple levels and lumbar spondylolisthesis), and treatment to date (physical therapy, epidural injection, and medications). Regarding L4-L5 Transforaminal lumbar interbody fusion and L5-S1 Transforaminal lumbar interbody fusion, there is no documentation of objective findings which confirm presence of radiculopathy; an imaging report with findings in concordance between radicular findings on radiologic evaluation and physical exam findings; and an Indication for fusion (instability OR a statement that decompression will create surgically induced instability).

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 Transforaminal lumbar interbody fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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 Discectomy/laminectomy and Fusion (spinal)

Decision rationale: MTUS reference to ACOEM identifies documentation of severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), 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; Failure of conservative treatment; and an Indication for fusion (instability OR a statement that decompression will create surgically induced instability), as criteria necessary to support the medical necessity of laminotomy/fusion. Official Disability Guidelines identifies documentation of Symptoms/Findings which confirm presence of radiculopathy, objective findings that correlate with symptoms and imaging findings in concordance between radicular findings on radiologic evaluation and physical exam findings, as criteria necessary to support the medical necessity of decompression/laminotomy. Within the medical information available for review, there is documentation of a diagnosis of chronic lumbar back strain superimposed on degenerative disease at multiple levels and lumbar spondylolisthesis. In addition, given documentation of subjective (radiating low back pain down to the left thigh and hamstring area), there is documentation of lower leg symptoms which confirms presence of radiculopathy. Furthermore, there is documentation of failure of conservative treatment. However, despite non-specific documentation of objective (restricted range of motion of the lumbar spine and tenderness to palpitation over the lumbar spine and the left lumbosacral angle) findings, there is no specific (to a nerve root distribution) documentation of objective findings which confirm presence of radiculopathy. In addition, despite documentation of medical reports' reported imaging findings (MRI of lumbar spine identifying significant worsening of the L4-L5 stenosis and loss of foraminal height at L4-L5; and mild to moderate stenosis at L5-S1), there is no documentation of an imaging report with findings in concordance between radicular findings on radiologic evaluation and physical exam findings. Furthermore, there is no documentation of an Indication for fusion (instability OR a statement that decompression will create surgically induced instability). Therefore, based on guidelines and a review of the evidence, the request for L4-L5 Transforaminal lumbar interbody fusion is not medically necessary.

L5-S1 Transforaminal lumbar interbody fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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 Discectomy/laminectomy and Fusion (spinal)

Decision rationale: MTUS reference to ACOEM identifies documentation of severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging

studies (radiculopathy), 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; Failure of conservative treatment; and an Indication for fusion (instability OR a statement that decompression will create surgically induced instability), as criteria necessary to support the medical necessity of laminotomy/fusion. Official Disability Guidelines identifies documentation of Symptoms/Findings which confirm presence of radiculopathy, objective findings that correlate with symptoms and imaging findings in concordance between radicular findings on radiologic evaluation and physical exam findings, as criteria necessary to support the medical necessity of decompression/laminotomy. Within the medical information available for review, there is documentation of a diagnosis of chronic lumbar back strain superimposed on degenerative disease at multiple levels and lumbar spondylolisthesis. In addition, given documentation of subjective (radiating low back pain down to the left thigh and hamstring area), there is documentation of lower leg symptoms which confirms presence of radiculopathy. Furthermore, there is documentation of failure of conservative treatment. However, despite non-specific documentation of objective (restricted range of motion of the lumbar spine and tenderness to palpitation over the lumbar spine and the left lumbosacral angle) findings, there is no specific (to a nerve root distribution) documentation of objective findings which confirm presence of radiculopathy. In addition, despite documentation of medical reports' reported imaging findings (MRI of lumbar spine identifying significant worsening of the L4-L5 stenosis and loss of foraminal height at L4-L5; and mild-to-moderate stenosis at L5-S1), there is no documentation of an imaging report with findings in concordance between radicular findings on radiologic evaluation and physical exam findings. Furthermore, there is no documentation of an Indication for fusion (instability OR a statement that decompression will create surgically induced instability). Therefore, based on guidelines and a review of the evidence, the request for L5-S1 Transforaminal lumbar interbody fusion is not medically necessary.

Repeat MRI of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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.

Pre-Operative Chest X-Ray: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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.

Pre-Operative EKG: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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.

Pre-Operative CBC: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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.

Pre-Operative BMP (lab): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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.

Pre-Operative PT/PTT (labs): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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.