

Case Number:	CM14-0186946		
Date Assigned:	11/17/2014	Date of Injury:	04/15/2013
Decision Date:	01/06/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/10/2014

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 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:

The injured worker is a 57-year-old female who reported an injury on 04/15/2013. The diagnosis included lumbago. The mechanism of injury was the injured worker tripped on a wooden pallet, lost her balance, and landed on her back. Prior therapies were noted to include an epidural steroid injection, which gave temporary relief. Other treatments included anti-inflammatories, and physical therapy. Surgical history was stated to be none. The medications were noted to be medications for hyperthyroidism. Additional medications included Norco, Anaprox, Prilosec and Neurontin. The injured worker underwent electrodiagnostic studies, which indicated the injured worker had bilateral L4 or L5 radiculopathy. The injured worker underwent an MRI of the lumbar spine on 08/02/2013, which revealed at the level of L4-5, there was moderate diffuse disc herniation. This caused moderate stenosis of the spinal canal. There was associated stenosis of the bilateral recess with contact with the bilateral L5 transiting nerve root. The disc materials cause stenosis in the bilateral neural foramen. The disc measurement in neutral was 5.9 mm. Documentation of 11/05/2014 revealed the injured worker was evaluated 2 weeks prior to the most recent examination at which time it was recommended the injured worker undergo an L4-5 decompression and fusion. The physician documentation indicated this was denied because the injured worker did not have epidural steroid injections. The injured worker did have epidural steroid injection per the physician, which helped for a week. The physical examination revealed tenderness to palpation over the paraspinal musculature. There was normal lordosis. The flexion was 60/60 degrees and extension 25/25 degrees. Right bilateral bending was 25/25 degrees. There was no tenderness to palpation over the spinous processes. There was diminished sensation over the left L5 and L4 dermatomes. There were 2+ reflexes in the patella and Achilles and there was a negative Achilles clonus and negative straight leg raise. The diagnosis included L4-5 stenosis. The treatment plan included surgical intervention as the EMG was

known to be concordant with L5 radiculopathy and MRI, which reported L4-5 stenosis and the injured worker, had failed conservative treatment with anti-inflammatories, physical therapy and epidural steroid injections. The physician opined the injured worker was a candidate for an L4-5 decompression and fusion. The physician further documented a fusion may be necessary since the physician was anticipating having to removed more than 50% of the facets, because of significant foraminal stenosis. The request was made for an appeal for authorization of the L4-5 decompression and possible fusion. There was no Request for Authorization form submitted for review and the original date of request could not be determined.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Decompression and Fusion at L4-L5: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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. The clinical documentation submitted for review indicated the injured worker had a failure of conservative care. There was clear clinical imaging and electrophysiological evidence of a lesion that has been shown to benefit in both the short and long term from surgical intervention. Additionally, the physician documentation indicated the fusion might be necessary since there was as an anticipation of having to remove more than 50% of the facets because of the significance of the foraminal stenosis. As such, the request for Lumbar Decompression and Fusion at L4-L5 is medically necessary.