

Case Number:	CM14-0186956		
Date Assigned:	11/17/2014	Date of Injury:	01/26/2009
Decision Date:	01/05/2015	UR Denial Date:	10/02/2014
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 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 47-year-old male who reported an injury on 11/01/2006. The mechanism of injury was the injured worker slipped, causing him to lose balance, and the injured worker fell and hit his low back pain a hard tile floor. The injured worker's medications included Naprosyn, Tramadol, Cyclobenzaprine, as well as topical analgesics. Additional medications included Ativan 1 mg tablet 1 3 times a day, Celexa 20 mg 1 tablet 1 hour before sleep, Ambien 10 mg tablets 2 tablets at bedtime, and Tylenol #3 with 1 tablet at bedtime for pain and sleep. Prior diagnostics were noted to include electrodiagnostic studies on 12/03/2013 which revealed a chronic L5 nerve root irritation on the left. The injured worker underwent psychiatric care. The surgical history was non-contributory. The documentation of 09/03/2014 revealed the injured worker had low back pain with radiation to the bilateral feet with associated numbness and tingling. The pain was worse on lifting, sitting, standing, walking, and forward bending. The objective findings revealed tenderness to the L3-5 and bilateral paravertebral tenderness and a positive right straight leg raise with decreased range of motion. The treatment plan included lumbar spine surgery as recommended. The diagnoses included lumbar spine, cervical spine, and thoracic spine disc. The physical examination of the lumbar spine revealed marked tenderness to palpation over the lower lumbar spine and paraspinous muscles with 2+ vertebral muscle spasms and tenderness in the left sciatic notch. The range of motion was markedly diminished. The straight leg raise was positive bilaterally. There was grade 4/5 weakness of the dorsiflexors of the left foot and great toe. There was no atrophy of fasciculations noted. The deep tendon reflexes were 1 to 2+ and symmetric. There were no pathologic reflexes. The injured worker had diminished pinprick over the left posterolateral thigh and left calf. The injured worker had an antalgic gait. The diagnoses included intervertebral disc herniation L4-5 with central and foraminal stenosis associated with facet joint hypertrophy. There was also an element of

congenital narrowing of the spinal canal at the L4-5 level as reported by the radiologist. There was a small annular tear and herniation at L3-4 without stenosis. The treatment plan included a nerve root decompression with discectomy at L4-5 with minimal discectomy at L3-4. Additionally, the request was made for a posterior interbody fusion with implantation of fusion cages at L4-5. There was a 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:

Bilateral laminectomy and foraminotomy with discectomy at L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: The MTUS American College of Occupational and Environmental Medicine (ACOEM) guidelines 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 clear clinical picture. There was a lack of documentation of a failure of an exhaustion of conservative care. There was a lack of documentation of the official MRI report. There was a lack of documentation of electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. Given the above, the request for bilateral laminectomy and foraminotomy with discectomy at L4-5 is not medically necessary.

Associated surgical service: Pre-operative clearance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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.

Associated surgical service: Assistant surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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.

Associated surgical service: Inpatient hospital stay x 2-3 days: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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.

Associated surgical service: Post-operative back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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.

Associated surgical service: Post-operative bone growth stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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.

Associated surgical service: Post-operative walker: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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.