MAXIMUS Federal Services

Case Number:	CM14-0189156		
Date Assigned:	11/20/2014	Date of Injury:	02/23/2009
Decision Date:	01/08/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/12/2014

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 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 61-year-old male who reported an injury on 02/23/2009 due to an unspecified mechanism of injury. An MRI of the lumbar spine dated 10/03/2014 shows significant findings of a disc extrusion at the L4-5 towards the left side and poster centrally that caused overall moderate spinal stenosis to the left side, minimal narrowing of the spinal canal at the L1-2, mild at the L2-3 and L3-4 more due to facet degenerative changes and the ligamentous flavum prominence, and neural foraminal encroachment that was mild bilaterally at the L1-2 and L2-3, moderate at the L3-4 and L4-5 where it abutted the nerve roots but did not compress the nerve root and minimal at the L5-S1. On 10/15/2014, he reported constant low back pain and left greater than right L5 distribution lower extremity pain with numbness, tingling, and a burning sensation. He also noted frequent pain into the left greater than right groin and proximal anterior thigh. He also stated that his symptoms were affecting his activities of daily living. A physical examination showed that he had left EHL and dorsiflexor weakness graded at a 4/5 as well as mild hip flexor weakness graded at a 4/5. There was subtle medial left calf and shin dysesthesia with deep tendon reflexes at a 2+ bilaterally. Straight leg raise was positive to the left. He was diagnosed with a recurrent L4-5 disc herniation with progressive lumbago and bilateral lower extremity radiculopathy. Other treatments included an epidural steroid injection and physical therapy without significant relief. Information regarding the injured worker's surgical history and medications was not provided for review. The treatment plan was for a transforaminal posterior lumbar interbody fusion, laminectomy at the L4-5, and bilateral laminoforaminotomy at the L3-4, a lumbar brace, and 3 days inpatient stay. The Request for Authorization form was signed on 10/30/2014. The rationale for treatment was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforminal Posterior Lumbar Interbody fusion Laminectomy L4-L5, Bilaterally Laminoforminotomy L3-4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

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

Decision rationale: The CAMTUS/ACOEM Guidelines state that those with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis may be candidates for a fusion. The Official Disability Guidelines state that Fusions should not be considered within the first 6 months of symptoms, except for fracture, dislocation, or progressive neurologic loss. Additionally, there should be imaging evidence of instability and documentation that the injured worker has undergone a psychological evaluation. Laminotomy is recommended for lumbar spinal stenosis. Based on the clinical information submitted for review, the injured worker was noted to be symptomatic regarding the lumbar spine. However, there is a lack of documentation showing that the injured worker has undergone a psychological evaluation or any recent conservative treatment to support the request for a surgical intervention. In addition, there were no official x-rays provided for review showing that he has any instability at the requested levels.

Associates Surgical Services: Lumbar Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar supports

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associates Surgical Services: 3 days Inpatient Stay: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Hospital Length of stay

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.