

Case Number:	CM14-0189166		
Date Assigned:	11/20/2014	Date of Injury:	11/10/2011
Decision Date:	01/20/2015	UR Denial Date:	11/06/2014
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 Surgery and is licensed to practice in Minnesota. 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 50 year old male with a date of injury on 11/10/2011 from carrying a ladder. He complains of low back pain of relatively severe degree and bilateral lower extremity pain rated 8-10/10. 80 percent of the pain is in the lower back and 20 percent in the legs. Exam of 10/30/2014 revealed antalgic gait, pain to palpation at L4, L5, and S1. Range of motion was diminished. Straight leg raising was positive bilaterally. Light touch was diminished bilaterally in L4, L5, and S1 dermatomes. There was 4/5 motor strength in extensor hallucis longus and calf muscles bilaterally. Knee jerks and Achilles reflexes were 2+ bilaterally. Conservative treatment has included NSAIDs, over 10 sessions of physical therapy, and one epidural steroid injection that helped. MRI scan of 10/01/2014 revealed mild degeneration at L4-5 and L5-S1 with small suspected annular tears and end plate degenerative signal stable since previous exam. There is no spinal canal stenosis or obvious nerve root impingement. Flexion/extension x-rays showed angular change greater than 11 degrees and slight retrolisthesis at L5-S1. The disputed issue pertains to a request for anterior and posterior decompression and fusion at L4-5 and L5-S1. This was non-certified by Utilization Review as there was no severe and disabling leg pain with neural compromise on imaging studies and the MRI findings did not corroborate the clinical findings and the L4-5 level did not show any herniation, or neural foraminal stenosis or abnormality on the flexion/extension x-rays to warrant a discectomy and fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Lumbar Fusion L4-L5, L5-S1 Discectomy, Decompression and Instrumentation with Neuromonitoring: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Discectomy/Laminectomy/Laminotomy, Spinal Fusion

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 306, 307, 310.

Decision rationale: The California MTUS ACOEM Practice Guidelines indicate surgical considerations for severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies preferably with objective signs of neural compromise. The MRI scan of 10/1/2014 revealed mild disc degeneration at L4-5 and L5-S1 with small suspected annular tears and end plate degeneration stable since the previous exam. There was no obvious nerve root impingement or spinal canal stenosis. A central and left paracentral disc protrusion 5mm was effacing the epidural fat but not displacing the left S1 nerve root. The clinical finding of bilateral positive straight leg raising and bilateral L4, L5, and S1 sensory changes is not consistent with the MRI findings. The surgical indications include extreme progression of lower leg symptoms which is not documented. There is no clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit both in the short and long term from surgical repair. The guidelines indicate there is no scientific evidence about the long term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis compared to conservative treatment. There is no objective evidence of herniation or abnormality on the flexion/extension films at the L4-5 level. Based upon the above, the request for surgical decompression/fusion at L4-5 and L5-S1 levels is not supported by guidelines and as such is not medically necessary.

Posterior Lumbar Fusion L4-L5, L5-S1 Discectomy Decompression and Instrumentation with Neuromonitoring: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Discectomy/Laminectomy/Laminotomy, Spinal Fusion

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 306, 307, 310.

Decision rationale: The California MTUS ACOEM Practice Guidelines indicate surgical considerations for severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies preferably with objective signs of neural compromise. The MRI scan of 10/1/2014 revealed mild disc degeneration at L4-5 and L5-S1 with small suspected annular tears and end plate degeneration stable since the previous exam. There was no obvious nerve root impingement or spinal canal stenosis. A central and left paracentral disc protrusion 5mm was effacing the epidural fat but not displacing the left S1 nerve root. The clinical finding of bilateral positive straight leg raising and bilateral L4, L5, and S1 sensory changes is not

consistent with the MRI findings. The surgical indications include extreme progression of lower leg symptoms which is not documented. There is no clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit both in the short and long term from surgical repair. The guidelines indicate there is no scientific evidence about the long term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis compared to conservative treatment. There is no objective evidence of herniation or abnormality on the flexion/extension films at the L4-5 level. Based upon the above, the request for surgical decompression/fusion at L4-5 and L5-S1 levels is not supported by guidelines and as such is not medically necessary.

Pre-Operative Medical Clearance to include x-rays of the lumbar spine, a UA and labs chem 14, PTT, PT and CBC: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 306, 307, 310.

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

Vascular Surgeon for the proposed surgery: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 306, 307, 310.

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

Assistant Surgeon x 2 for the proposed surgery: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 306, 307, 310.

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

LSO Lumbar Brace for purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 306, 307, 310.

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

Bone Growth Stimulator: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 306, 307, 310.

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

7-Day Inpatient Hospital Stay: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 306, 307, 310.

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

Orthopedic Spine Follow-Up Visit: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 306, 307, 310.

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