

Case Number:	CM14-0189887		
Date Assigned:	11/21/2014	Date of Injury:	06/05/2014
Decision Date:	01/08/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/13/2014

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 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 29-year-old male who reported an injury due to heavy lifting on 06/05/2014. On 09/05/2014, his diagnoses included L5-S1 disc herniation, low back pain, and lumbar radiculopathy. He reported intermittent low back pain radiating down his right lower extremity, to the dorsum of his foot with associated numbness and tingling. He rated his pain at 3/10 on "good days" and 9/10 on "bad days". Upon examination, he exhibited guarding with lumbar extension. He had some difficulty with toe walking and single leg heel raise. He had negative straight leg raising tests bilaterally. An MRI of the lumbar spine on 06/17/2014, revealed a moderate disc height loss at L5-S1, with a posterior annular fissure and broad based posterior disc protrusion which, in combination with moderate facet arthropathy, caused mild bilateral neural foramina narrowing and abutted the traversing right S1 nerve root. There was no significant central canal or sub articular recess narrowing. On a surveillance video, it was noted that he was able to get in and out of his vehicle, ambulate and flex and extend his lumbar spine. His level of discomfort could not be determined when viewing the video. He reported nocturnal dribbling of urine. A recommendation for a urological consult was included in his treatment plan. The proposed surgery was recommended to decompress neural elements of L5-S1, and help alleviate his leg symptoms and urinary symptoms. The fusion was recommended to alleviate his back pain. There was no Request for Authorization included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Post-op medical management: Upheld

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

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.

Lumbar decompression; Instrumental fusion: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Indications for Surgery

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

Decision rationale: The CA MTUS/ACOEM Guidelines note that within the first 3 months after onset of acute low back symptoms, surgery is considered only when serious spinal pathology or nerve root dysfunction not responsive to conservative therapy and obviously due to a herniated disc is detected. Disc herniation may impinge on a nerve root, causing irritation, back and leg symptoms, and nerve root dysfunction. The presence of a herniated disc on an imaging study, however, does not necessarily imply nerve root dysfunction. Some studies show spontaneous disc desorption without surgery, while others suggest that pain may be due to irritation of the dorsal or ganglion by inflammatory agents released from a damaged disc in the absence of anatomical evidence of direct contact between neural elements and disc material. Therefore, a referral for surgical consultation is indicated for patients who have: severe and disabling lower leg symptoms in a 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 1 month, or extreme progression of lower leg symptoms; clear clinical, imaging, and electrophysiological evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair; and failure of conservative treatment to resolve disabling radicular symptoms. Before referral for surgery, clinicians should consider referral for a psychological screening to improve surgical outcomes, possibly including standard tests such as the MMPI. In addition, the clinicians may look for Waddell's signs during the physical examination. Regarding conservative treatment, there was documentation of physical therapy, which helped improve his flexibility. However, his low back pain persisted. The only medication noted in this injured worker's chart was Norco of an unspecified dosage. There was no evidence of failed trials of NSAIDs, antidepressants, or anticonvulsants. There was no documentation of any electrophysiological testing. There was no documentation of preoperative psychological screening. Additionally, the spinal level of the proposed surgery was not specified in the request. For the above reasons, this request for Lumbar decompression; Instrumental fusion is not medically necessary.

Associated surgical service: Post-op physical therapy x 8: Upheld

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

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 3 days: Upheld

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

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.