

Case Number:	CM14-0194259		
Date Assigned:	12/02/2014	Date of Injury:	09/22/2011
Decision Date:	01/14/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/20/2014

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, has a subspecialty in Spine Fellowship 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:

According to the records made available for review, this is a 64-year-old female with a 9/22/11 date of injury, and status post L4-S1 fusion 3/20/13 and status post revision L4-S1 decompression and fusion 10/31/13. At the time (10/14/14) of request for authorization for left L5-S1 revision decompression (23 hour stay), there is documentation of subjective (irritation coming all the way from the back going down to the dorsum of the left foot; pain in the lower back that radiates down to the bilateral lower extremities, left greater than right, constant burning sensation in the bilateral feet, associated numbness and tingling in the bilateral legs and feet, and weakness in the left leg and left foot) and objective (relatively good strength in the left lower extremity except for some weakness in the toe flexors; motor strength 4/5 in the extensor hallucis longus (EHL) and left ankle plantar flexor, sensation decreased over the L4 and L5 lower extremity dermatomes on the left side and dysesthesias are present over shins on both sides, ankle jerk 0/4 on the right and 1+/4 on the left side) findings, imaging findings (lumbar spine MRI (4/11/14) report revealed grade II (12 mm) anterolisthesis of L5 on S1 status post L5-S1 anterior interbody fusion unchanged, the fusion cannot be confirmed as solid, mild to moderate bilateral neural foraminal narrowing; retrolisthesis of L4 on L5 status post anterior interbody fusion unchanged, the fusion cannot be confirmed as solid, mild bilateral neural foraminal narrowing; lumbar spine CT scan (4/29/14) report revealed L4-5 disc is fused, mild posterior osteophyte bulge, no spinal or foraminal stenosis; L5-S1 disc is fused, 1.2 cm of spondylolisthesis, no spinal or foraminal stenosis, bilateral spondylitic defects, and mild degenerative changes of the facet joints), current diagnoses (herniated nucleus pulposus), and treatment to date (epidural steroid injection, medications, physical therapy, and activity modification). There is no documentation of abnormalities on imaging studies (radiculopathy).

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L5-S1 revision decompression (23 hour stay): 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: MTUS reference to ACOEM Guidelines identifies documentation of severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; and activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms, as criteria necessary to support the medical necessity of decompression. Within the medical information available for review, there is documentation of diagnosis of herniated nucleus pulposus. In addition, there is documentation of severe and disabling lower leg symptoms; objective signs of neural compromise; and activity limitations due to radiating leg pain for more than one month. However, despite lumbar spine MRI (4/11/14) findings consistent with mild to moderate bilateral neural foraminal narrowing, and given more recent imaging findings of lumbar spine CT scan (4/29/14) consistent with L5-S1 disc is fused, 1.2 cm of spondylolisthesis, no spinal or foraminal stenosis, there is no (clear) documentation of abnormalities on imaging studies (radiculopathy). Therefore, based on guidelines and a review of the evidence, the request for left L5-S1 revision decompression (23 hour stay) is not medically necessary.