

Case Number:	CM14-0199044		
Date Assigned:	12/09/2014	Date of Injury:	06/04/2010
Decision Date:	01/30/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/26/2014

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 Fellowship Trained in Spine Surgery and is licensed to practice in Georgia. 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 53-year-old female who reported injuries from lifting and loading boxes on 06/04/2010. On 06/03/2014, her diagnoses included lumbar spine moderate bilateral facet arthropathy with encroachment, lumbar spine L5-S1 broad based disc protrusion, L4-5 disc protrusion, and lumbosacral strain. On 09/09/2014, it was noted that she had undergone a lumbar decompression in 10/2006. She described her lower back pain as nearly constant, which was exacerbated by sitting for too long or walking too far. She stated that she got pain relief with exercises, Vicks rub, a heating pad, and tramadol and Soma of unspecified dosages. She stated that her pain disturbed her sleep. An MRI of the lumbar spine on 04/02/2014 revealed from L1-2 through L3-4 there was no significant disc protrusion or stenosis. At L4-5, there was a broad based posterior disc protrusion approximately 2.6 mm with effacement of the adjacent anterior thecal sac and narrowing of the neural recesses bilaterally with mild bilateral facet arthropathy and moderate ligamentum flavum thickening with mild canal stenosis. At L5-S1, there was a mild broad based posterior disc protrusion approximately 2.3 mm beyond the adjacent posterior vertebral margin centrally. There was effacement of the adjacent anterior thecal sac and narrowing of the neural recesses bilaterally. There was moderate bilateral facet arthropathy with encroachment. X-rays of the lumbar spine on 03/28/2014 revealed minimal scoliosis of the lumbar spine accentuated by patient rotation and degenerative disc narrowing at the L5-S1 interspace without otherwise acute bony plain radiograph abnormality. On 11/26/2014, the plan of care included a request for 12 sessions of physical therapy of the lumbar spine, pain management and possible lumbar epidural spinal injections. It was noted that she had not yet received physical therapy. On 11/03/2014, it was noted in a peer to peer discussion that this injured worker's past medical history did not necessitate surgical intervention. A Request for Authorization dated 10/15/2014 was included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Reexploration bilateral L2-L3, L3-L4, L4-L5 laminectomy, medical facetectomy, possible and discectomy/fusion/instrument: Upheld

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

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

Decision rationale: The request for re-exploration bilateral L2-L3, L3-L4, L4-L5 laminectomy, medical facetectomy, possible discectomy/fusion/instrument is not medically necessary. The California 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 that pain may be due to irritation of the dorsal root ganglion by inflammogens 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 electrophysiologic 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. With or without surgery, more than 80% of patients with apparent surgical indications eventually recover. Surgery benefits fewer than 40% of patients with questionable physiologic findings. Moreover, surgery increases the need for future surgical procedures with higher complication rates. Per her MRI, this injured worker had no clinical pathological findings at L2-3 or L3-4. There were no records submitted of electrophysiological testing being done on this injured worker's lumbar spine. There was no follow-up submitted regarding the requested physical therapy. The clinical information submitted failed to meet the evidence based guidelines for the requested surgery. Therefore, this request for re-exploration bilateral L2-L3, L3-L4, L4-L5 laminectomy, medical facetectomy, possible discectomy/fusion/instrument is not medically necessary.

(Associate services) EKG: 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 services) CBC: 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 Services) Serum HCG: 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.