MAXIMUS Federal Services

Case Number:	CM14-0205191		
Date Assigned:	12/17/2014	Date of Injury:	12/30/2013
Decision Date:	02/13/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/08/2014

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 Neurology, has a subspecialty in Clinical Neurophysiology and is licensed to practice in Virginia. 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 the patient is a 55-year-old with a date of injury of 12/30/2013. The mechanism of injury involves the injured worker tripping on a piece of furniture and subsequently experiencing a sharp pain in his low back that radiates down into the right leg. There is a clinical note dated 11/4/2014. In this note the patient complains of back pain since December, 2013. The patient at this time is considering a referral for a surgical opinion. He has tried a trial of physical therapy and chiropractic treatments with minimal relief and short-term relief of the symptoms. The physical exam on this day shows that there is decreased range of motion in the lumbosacral area. The patient is alert and oriented to person, place, and time. Strength throughout both lower extremities is normal. Reflex testing is normal. The cranial nerve testing is normal. The Babinski sign is down going bilaterally. Sensory exam shows a reduced sensation to pinprick in the right leg in a L5 dermatomal pattern. There is no atrophy in the legs. The straight leg raise testing is positive on the right with very mild radicular symptoms. The straight leg raise test is negative on the left. There is an MRI of the lumbar spine dated 2/10/2014 which shows a 3 mm retrolisthesis at L5-S1, anterolisthesis of 1 mm at L4-L5, and multilevel posterior bulging disc/osteophyte complexes, endplate degenerative changes at L5-S1, mild central canal stenosis at L2-L3, L3-L4 and moderate spinal canal stenosis at L4-L5 as well as mild spinal canal stenosis at L5-S1. There is minimal foraminal stenosis at the right T11-T12 level, moderate bilateral foraminal stenosis at L2-L3 and L3-L4 and L4-L5 levels. At the right L5-S1 level there is severe foraminal stenosis on the right and moderate foraminal stenosis on the left. There is an EMG dated 9/9/2014 in the medical record. In this study there is no evidence of traumatic or entrapment neuropathy, there were no elicitable distal sensory nerve action potentials suggestive of an early peripheral neuropathy, EMG of bilateral lower extremity in lumbar paraspinal muscles showed no acute or chronic denervation changes

to suggest a lumbosacral radiculopathy. The injured worker underwent lumbar epidural steroid injections x 2 (4 /8/2014 and 6/10/2014) which resulted in no pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Lumbar Interbody fusion at L4-5, L5-S1 with Interbody PEEK Cages, bone Marrow Aspiration, Bone Graft Substitute, and Pedicle Screw Fixation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 12th Edition (web), 2014, Low back Chapter, Fusion(spinal)

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

Decision rationale: ACOEM guidelines recommend that fusion of the spine is usually not considered during the first 3 months of symptoms. Patients with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion. There is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. For this injured worker's case, there is no documentation in the medical record of spinal fracture, dislocation, or spondylolisthesis. The only evidence of a right L5 radiculopathy is suggested on neuroimaging alone as Electromyography (EMG) testing is normal. Therefore, according to the guidelines and a review of evidence the request for a transforaminal lumbar interbody fusion at L4-L5, L5-S1 with interbody Polyetheretherketone (PEEK) cages, bone marrow aspiration and bone graft substitution and pedicle screw fixation is not medically necessary.

Associated surgical service: Assistant Surgeon: 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: 1 Day Stay: 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: Pre-Operative Medical Clearance: 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.