

Case Number:	CM14-0206568		
Date Assigned:	12/18/2014	Date of Injury:	05/05/2011
Decision Date:	02/25/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/10/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas

Certification(s)/Specialty: Orthopedic Surgery

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 46-year-old male who reported an injury on 05/05/2011. The mechanism of injury reportedly occurred when he was bending over to pick up materials and felt a strain to his back. His diagnoses include disc protrusion lumbar spine, spinal stenosis with radiculopathy lumbar spine, internal disc disruption lumbar spine, degenerative disc disease lumbar spine, and chronic pain. Pertinent diagnostic studies include a CT scan of the lumbar spine without contrast performed on 11/21/2014, with findings of the lumbosacral vertebral bodies are in satisfactory alignment, excepting grade 1 retrolisthesis. No loss of vertebral body height. No acute or chronic fracture or dislocation. Multilevel chronic Schmorl's at the adjoining endplates of L2-3 and L1-2. There is vacuum disc phenomenon at L5-S1, with loss of disc height, and at a lesser degree, L4-5. A level by level analysis reveals the following, T12-L1: unremarkable; L1-2: unremarkable; L2-3: there is a broad based bulge of 3 mm which is in conjunction with facet hypertrophy, contributes to mild bilateral central canal narrowing; L3-4: there is a broad based bulge, 3 mm, which is in conjunction with the facet hypertrophy, contributes to moderate central canal narrowing; L4-5: central canal narrowing; L4-5: there is a broad based bulge, 5 mm, which in conjunction with facet hypertrophy, contributes to severe bilateral moderate to severe central canal narrowing. Note is made of right ventral epidural gas, likely related to the phenomena at L5-S1; L5-S1: there is a broad based bulge, 5 mm, which in conjunction with facet hypertrophy, ligamentum flavum laxity above described grade 1 retrolisthesis of L5 on S1 contributes to severe, bilateral neural foraminal narrowing and canal narrowing. His surgical history was noncontributory. The patient presented on 11/24/2014, with low back pain. His past treatments

included medications, acupuncture, physical therapy, and 4 epidural steroid injections. Upon physical examination, the patient was noted to have loss of 75% forward flexion with pain. There was loss of 50% extension with pain. There was loss of 50% left side bending with pain, and there was loss of 50% right side bending with pain. The patient has no list with forward flexion, and no pain on return from forward flexion. The patient had pain with combined flexion and rotation. The patient was noted to have tenderness at L3, L4, and L5. The patient had tenderness at the mid line. On evaluation of lying straight leg raise, the patient demonstrated leg raise to 50 degrees bilaterally, with pain in the back. The patient was noted to have decreased sensation to light touch in the L5-S1 distributions bilaterally. Reflexes were absent in the bilateral patella and bilateral Achilles. The patient had a negative Babinski's sign bilaterally. The patient also had a negative Hoffmann's sign bilaterally. Strength was noted to be normal, grade 5/5, with no wasting, and the bilateral hip flexors (L2-3), quadriceps (L4), ankle dorsiflexors (L5), and plantarflexors (S1). The patient's current medications were noted to be Norco, oxycodone, Prilosec, and lisinopril. The treatment plan included a fusion at L5-S1, and arthroplasty at L3-4 and L4-5. The rationale for the request was that the patient had multilevel abnormalities and this would best be treated with a disc replacement. The Request for Authorization form was not provided within the submitted documentation for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fusion at L5-S1 and arthroplasty at L3-L4 and L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Disc prosthesis.

Decision rationale: The request for fusion at L5-S1 and arthroplasty at L3-L4 and L4-5 is not medically necessary. The injured worker has chronic low back pain. The California MTUS/ACOEM Guidelines state that spinal fusion is not recommended for chronic low back pain. Additionally, the guidelines state that spinal fusion in the absence of fracture, dislocation, complications of tumor or infection, is not recommended. The documentation submitted for review did not provide evidence of the injured worker having a fracture, dislocation, complications of tumor, or an infection in the lumbar spine. In regards to arthroplasty at L3-4 and L4-5, the Official Disability Guidelines do not recommend disc prosthesis. As the treatment is not recommended by the guidelines, the request is not medically necessary. As such, the request for fusion at L5-S1 and arthroplasty at L3-4 and L4-5 is not medically necessary.