

Case Number:	CM14-0206619		
Date Assigned:	12/18/2014	Date of Injury:	01/04/2011
Decision Date:	02/28/2015	UR Denial Date:	12/08/2014
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 54-year-old female who reported an injury on 01/04/2011. The mechanism of injury was not specifically stated. The current diagnoses include lumbar myoligamentous injury with bilateral lower extremity radiculopathy, cervical myoligamentous injury with right upper extremity radiculopathy, status post ACDF in 2002, status post cervical SCS implant on 02/20/2004 and removal in 07/2013, right knee internal derangement with compensatory left knee pain, reactionary depression/anxiety, history of peptic ulcer disease, medication induced gastritis, and right wrist internal derangement. The injured worker presented on 11/12/2014 with complaints of 9/10 lower back pain. Previous conservative treatment includes physical therapy, medication management, and shoulder/wrist injections. The current medication regimen includes OxyContin 40 mg, Norco 10/325 mg, Anaprox DS 550 mg, and Flexeril 10 mg. Upon examination of the lumbar spine, there was no evidence of scoliosis or increased thoracic kyphosis. There was tenderness about the lumbar paravertebral musculature and sciatic notch region. There were trigger points and taut bands with tenderness to palpation throughout. There was 45 degree flexion, 15 degree extension, and 20 degree left and right lateral bending. Left Achilles deep tendon reflex was absent. There was also 4/5 motor weakness in the L4-5 distribution with a positive straight leg raise on the left at 30 degrees. Treatment recommendations at that time included a posterior lumbar interbody fusion at L4-5 and L5-S1. A Request for Authorization form was then submitted on 11/12/2014. It is noted that the injured worker underwent a CT scan of the lumbar spine on 07/03/2012, which revealed

evidence of mild to moderate neural foraminal stenosis secondary to a broad based disc bulge at L4-5 and L3-4.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 day inpatient decompressive laminectomy and discectomy L4-5 and L5-S1 with posterior fusion: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Hospital Length of Stay, (LOS)

Decision rationale: The American College of Occupational and Environmental Medicine indicate a surgical consultation may be appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies preferably with accompanying objective signs of neural compromise. There should be documentation of activity limitations due to radiating leg pain for more than 1 month or the extreme progression of lower leg symptoms, and 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 documentation of a failure of conservative treatment to resolve disabling radicular symptoms. Additionally, 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. Clinicians should consider referral for psychological screening to improve surgical outcomes. The documentation indicated that the injured worker has been treated with conservative management. However, there was no evidence of spinal instability upon flexion and extension view radiographs. There was also no mention of a psychosocial screening prior to the request for a lumbar fusion. The guidelines, however, do not address hospital length of stay, as such, secondary guidelines were sought. The Official Disability Guidelines Recommend a 3 day length of stay for a posterior fusion, however, the surgical intervention was not medically necessary. Given the above, the request for a 3 day inpatient decompressive laminectomy and discectomy L4-5 and L5-S1 with posterior fusion is not medically appropriate at this time.