

Case Number:	CM14-0206872		
Date Assigned:	12/24/2014	Date of Injury:	06/01/2012
Decision Date:	02/13/2015	UR Denial Date:	11/06/2014
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. The expert reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Spine Surgery 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:

The injured worker is a 33-year-old male who reported an injury on 06/01/2012. The mechanism of injury is due to repetitiveness of his customary job duties while working at [REDACTED]. The injured worker is diagnosed with chronic low back pain, right and left lower extremity radiating pain, numbness and tingling, and L5-S1 grade 1 anterolisthesis secondary to bilateral L5 pars defects, L5-S1 bilateral foraminal stenosis associated with L5 nerve root impingement, L4-5 grade 1 retrolisthesis, lumbar spine multilevel mild spondylosis, and T12-L1 moderate spondylosis. It was indicated that past medical treatment consists of medication therapy. The injured worker has not tried lumbar spine physical therapy, nor has there been any trials of epidural steroid injections. Medications include Norco 10/325 mg and Flexeril. On 04/11/2014, the injured worker underwent an MRI of the lumbar spine which revealed bilateral L5 spondylosis, a 3 mm retrolisthesis at L4-5, and a 2 mm anterior listhesis at L5-S1. There was mild degenerative disc disease and osteoarthritis throughout the lumbar spine. There was indications of a small 3 mm disc bulge present at L4-5 and L5-S1, but there was no true disc herniation and no significant spinal stenosis in the lumbar region. On 07/02/2014, the injured worker complained of lumbar spine pain. The injured worker described the pain as aching and stabbing. He is stated to be experiencing right and left lower extremity radiating pain and numbness and tingling mainly involving his left thigh, left leg, and left foot. Medical treatment plan is for the injured worker to undergo posterior L5-S1 bilateral decompression, L5-S1 posterior intervertebral fusion, and L5-S1 instrumented fusion with pedicle screws. Physical examination revealed lumbar range of motion was 15 degrees extension, right lateral bending of 30 degrees, left lateral bending of 30 degrees, and forward flexion of 60 degrees. Motor strength testing was 5/5 in all planes. Lower extremity sensation to light touch was preserved. Special

testing to include straight leg raise and Hoffmann's were negative. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posterior L5-S1 Bilateral decompression: Upheld

Claims Administrator 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-Lumbar and Throacic (Acute and Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

Decision rationale: The request for posterior L5-S1 bilateral decompression is not medically necessary. California MTUS/ACOEM Guidelines state that for surgical considerations, there should be evidence of severe disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies, activity limitation due to radiating leg pain for more than 1 month or extreme progression or lower leg symptoms, and clear clinical imaging and electrophysiological evidence of a lesion that has shown to benefit from both short and long term surgical repair. There should also be indication of failure of conservative treatment to resolve disabling symptoms. As surgical consideration is warranted, there should be evidence of psychological screening. It was noted in the submitted documentation that the injured worker had leg pain. However, there was no indication of the injured worker having activity limitations, nor was there any indication of the injured worker having failed conservative treatment. It was noted in the submitted documentation that the injured worker had yet to try lumbar spine physical therapy, nor was there any indication of the injured worker having tried any lumbar spine epidural injections. MRI findings did reveal a small 3 mm disc bulge at L4-5 and L5-S1, but there was no true disc herniation and no significant spinal stenosis in the lumbar region. Furthermore, there was no indication of the injured worker having undergone psychological screening. Given the above, the injured worker is not within recommended guideline criteria. As such, the request is not medically necessary.

L5-S1 Posterior intervertebral fusion with Polyether Ether Ketone (PEEK) spacer, autogenous local bone graft, allograft bone graft and calcium phosphates: 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.

Posterior L5-S1 Instrumented Fusion with pedicle screws, autogenous local bone graft, allograft bone graft and calcium phosphates: 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.