

Case Number:	CM14-0208387		
Date Assigned:	01/02/2015	Date of Injury:	04/07/2014
Decision Date:	02/23/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/12/2014

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: Georgia, South Carolina

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 patient is a 57-year-old male who reported an injury on 04/07/2014. The mechanism of injury was due to walking backwards down a hill while carrying a large load, which caused him to twist and injure his back. The injured worker has diagnoses of lumbar disc disorder, lumbar radiculopathy, and lumbar stenosis. Past therapies consist of medication and surgery. Past surgical history consists of neck surgery in 2008, cervical fusion at C5-6 and gallbladder removal in 2010. Medications include ibuprofen. On 05/07/2014, the injured worker underwent an MRI of the lumbar spine, which revealed degenerative disease at L5 and S1 vertebrae. There was desiccation of the T12-L1 and L4-5 intervertebral discs. At the level of L4-5, there was a 2 mm concentric disc bulge indenting the anterior thecal sac and also hypertrophy of the bilateral facet joints, causing mild bilateral foraminal narrowing. On 12/04/2014, the injured worker complained of neck and low back pain. On physical examination, it was noted that there was limited range of motion of the shoulder secondary to pain. Passive movement caused pain, and abduction was limited to 70 degrees. He had no visible atrophy of the upper extremities. He had 5/5 strength in all other muscle groups of his arms and hands. In his legs, he had 5/5 strength throughout with the exception of being 4/5 strength in the left dorsiflexor. There was intact sensation throughout, with the exception being decreased sensation to light touch and pinprick over the L4-5 distribution. He had an absent ankle jerk reflex on the left. He had 2+ and symmetric foot reflexes everywhere else. Gait was normal. Medical treatment plan is for the injured worker to undergo L4-5 and L5-S1 laminectomy with bilateral foraminotomies and transforaminal posterior lumbar fusion supplemented by pedicle screws. The provider feels that,

ultimately, with the disc collapse and foraminal stenosis, the injured worker will require surgery. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left lumbar transforaminal epidural steroid injection (TESI) at L4-L5 and L5-S1: 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-op Medical Clearance with Internist: 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: Post-Op physical therapy 24 visits: 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.

L4-L5 and L5-S1 laminectomy with bilateral foraminotomies and transforaminal posterior lumbar fusion supplemented by pedicle screws: 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): 306.

Decision rationale: The request for L4-L5 and L5-S1 laminectomy with bilateral foraminotomies and transforaminal posterior lumbar fusion supplemented by pedicle screws is not medically necessary. The California MTUS/ACOEM Guidelines state that surgical considerations for laminectomy are as follows: severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies, 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. It was noted in the submitted documentation that the injured worker had lumbar back pain. Additionally, there were no indications of what pain levels were via Visual Analog Scale (VAS). It was also indicated in the submitted documentation that the only medication the injured worker was on was ibuprofen; no dosage, frequency, or duration. The report submitted for review also did not indicate that the injured worker was having severe and disabling lower leg symptoms. The examination lacked objective signs of neural compromise. There was also no mention of activity limitations due to pain. Furthermore, there was no evidence documented showing that the injured worker had failed any conservative treatments. Given the above, this request is not medically necessary.