

Case Number:	CM15-0001343		
Date Assigned:	01/12/2015	Date of Injury:	03/25/2003
Decision Date:	03/13/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/05/2015

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: California
 Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 57-year-old female who reported an injury on 03/25/2003. The mechanism of injury was not provided. The injured worker underwent electrodiagnostic studies on 03/21/2014, which revealed evidence of a mild left carpal tunnel syndrome and mild right carpal tunnel syndrome. The injured worker underwent an MRI of the lumbar spine on 08/11/2014, which revealed a 5 mm anterolisthesis of L4 on L5, a 2 mm bilateral posterolateral disc bulge, mild to moderate stenosis of the spinal canal, moderate stenosis of the neural foramina bilaterally, disc space narrowing, disc desiccation, mild bilateral facet arthropathy, and mild reactive degenerative changes of the adjacent superior endplate on the right of L5. Prior treatments included physical therapy. The injured worker could not undergo epidural steroid injection, as the injured worker was an insulin dependent diabetic. The documentation indicated the injured worker was psychiatrically cleared for surgical intervention. However, the official clearance was not provided. The physician documentation of 07/14/2014 revealed the injured worker was recommended to lose a significant amount of weight. The injured worker's weight was noted to be 265 pounds, and the injured worker was 5 feet 5 inches. The physician opined the injured worker was a surgical candidate with respect to the lumbar spine. The injured worker was noted to have failed all conservative measures, including activity modification, physical therapy, and pain management. The documentation of 11/03/2014 revealed the injured worker had persistent low back pain radiating to her lower extremities. The injured worker was noted to have attempted 12 sessions of physical therapy, and the injured worker was noted to have a discogram in 2005, which was positive from L4-S1 with severe concordant pain. There was a

positive reaction at L3-4 to a lesser degree. The injured worker was noted to have undergone an AME (Agreed Medical Evaluation) with a physician who concurred the injured worker should proceed to lumbar surgery. The injured worker was having significant difficulty due to chronic severe pain. The injured worker was noted to have lost 25 pounds over the past several months. There was noted to be constant pain, severe pain in the low back aggravated by bending, lifting, twisting, pulling, pushing, prolonged sitting, prolonged standing, and walking multiple blocks. The injured worker had an exquisite amount of pain and tenderness in the mid to distal lumbar segments. The seated nerve root test was positive. Standing flexion and extension were guarded and restricted. There was tingling and numbness in the lateral thigh, anterolateral and posterior leg as well as foot in an L5 and S1 dermatomal pattern. There was no greater than 3+ strength in the EHL, and in L5 innervated nerve muscle as well as 4/5 strength in the plantar flexors, which is an S1 innervated muscle. The flexion and extension dynamic radiographs of the lumbar spine revealed significant spondylosis at the level of L4-S1 with grade 2 spondylolisthesis at L4-5 with instability. There was significant disc space collapse at L5-S1 resulting in instability. The diagnoses included lumbar discopathy. The treatment plan included an L4-S1 posterior lumbar interbody fusion (PLIF) with instrumentation and possible reduction of listhesis. There was a Request for Authorization submitted for review dated 12/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-S1 posterior lumbar interbody fusion (PLIF) with instrumentation and possible reduction of listhesis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Fusion

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: The American College of Occupational and Environmental Medicine indicates 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; 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 x-ray indicated the injured worker had instability per flexion and extension studies. The MRI would support the need for surgical intervention. The physical examination failed to indicate the injured worker had instability upon physical examination. There was documentation

the injured worker underwent a psychological screening. However, the official documentation was not provided, as the documentation was per another physician's note, not per the evaluation itself. Given the above, the request for L4-S1 posterior lumbar interbody fusion (PLIF) with instrumentation and possible reduction of listhesis is not medically necessary.

Associated surgical service: front wheel walker: 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: Cryo unit: 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: Bone stimulator: 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: TLSO: 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: 3 in 1 commode: 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: facility- inpatient 2-3 days: 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-operative medication: 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: 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.