

Case Number:	CM15-0008314		
Date Assigned:	01/23/2015	Date of Injury:	12/27/2013
Decision Date:	04/07/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/14/2015

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: Minnesota, Florida
 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 55-year-old female with a history of low back injury on 12/27/2013. The mechanism of injury described was "while making a bed patient hit her left thigh". An MRI scan of the lumbar spine performed on March 5, 2014 revealed varying degrees of acquired spinal stenosis with severe central and peripheral stenosis at L4-5 on a multifactorial basis. At L3-4 there was moderate broad-based disc bulge with a central and left lateral disc protrusion extending into the left foramen. There was asymmetric increase in left facet joint disease. There was moderate acquired central and right lateral recess stenosis with severe left lateral recess and foraminal narrowing compromising the traversing left L4 and slightly compressing the exhibited left L3 root. There was likely contact of the traversing right L4 root. At L4-5 the degree of narrowing was severe and most marked. There was severe overall compression of thecal sac with facet joint disease and ligamentum flavum hypertrophy plus a broad-based disc protrusion, greater centrally and to the left and extending into the left neural foramen. There was additional severe lateral recess stenosis with impingement on the traversing L5 roots plus the exited left L4 root. She underwent decompressive lumbar laminectomies at L3-4 and L4-5 on 5/14/2014. The operative report has not been submitted. Examination 8 months post surgery revealed continuing complaints of pain in the back radiating down both legs. Pain was worse in the right leg. It got worse with prolonged walking. She was taking Norco, tramadol, Tylenol No. 3, Motrin, Voltaren, Flexeril and others which did not greatly reduce her pain. Past history was remarkable for hypertension, arthritis, diabetes, anemia, and a mini stroke in the year 2000. Examination did not reveal any neurologic deficit. Progress notes document a postoperative MRI scan which

showed evidence of L3-4 and L4-5 laminectomy with disc desiccation and degeneration at these levels. There was no evidence of a new herniation. There was a persistent diffuse disc bulge at L3-4 and L4-5 and a central protrusion at L5-S1. A surgical request for L3-4, L4-5, and L5-S1 discectomy with posterolateral fusion was noncertified by utilization review on 12/17/2014. Additional non-certified requests included preoperative laboratory evaluations, and three (3) day inpatient stay. The documentation submitted for this review only included the first page of the Utilization Review pertaining to the treatments at issue, with the reason and regulations used for review not provided or made available. On 1/14/2015, the injured worker submitted an application for IMR for review of preoperative laboratory evaluations, discectomy with posterolateral fusion L3-4, L4-5, L5-S1 and three (3) day inpatient stay.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-L4, L4-L5, L5-S1 Discectomy with Posterolateral 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, 306, 307, 310.

Decision rationale: California MTUS guidelines indicate surgical considerations for 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 one 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. The documentation provided indicates that the injured worker underwent a two-level decompression 8 months ago with no pain relief. She continues to complain of low back pain with radiation down both lower extremities. Although patients with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion, the documentation does not include flexion/extension x-rays or evidence of instability. The guidelines indicate that lumbar fusion in patients with other types of back pain very seldom cures the patient. On page 310 the guidelines do not recommend spinal fusion in the absence of fracture, dislocation, complications of tumor, or infection. In fact, there is no long-term evidence that surgical decompression and/or fusion cures the patient in the long-term compared to non-operative measures. The prognosis for Workers Compensation patients undergoing spinal fusion is poor. As such in the absence of specific guidelines criteria, the request for discectomy and spinal fusion at L3-4, L4-5, and L5-S1 is not supported and the medical necessity of the request is not substantiated.

Associated Surgical Service: Pre-op Laboratories: 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, 306, 307, 310.

Decision rationale: The requested surgery is not medically necessary. Therefore the preoperative labs are also not medically necessary.

Associated Surgical Service: 3 Day Inpatient Stay: 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, 306, 307, 310.

Decision rationale: The requested surgery is not medically necessary. Therefore the request for a 3 day hospital stay is not needed.