

Case Number:	CM15-0131906		
Date Assigned:	07/27/2015	Date of Injury:	11/19/2005
Decision Date:	08/27/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/08/2015

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: New York

Certification(s)/Specialty: Neurological 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 51 year old female who sustained an industrial injury on 11/19/2005. Mechanism of injury occurred when trying to open a gate felt a popping sensation that came from his back and he felt pain at his low back. Diagnoses include lumbar radiculopathy, lumbar spine instability, and lumbar disc disease with radiculopathy, idiopathic sensorimotor axonal neuropathy, history of lumbar discectomy, cauda equina syndrome with neurogenic bladder, status post wrist surgery and depression. Treatment to date has included diagnostic studies, medications, trigger point injections, lumbar epidural steroid injections, and status post lumbar discectomy on 01/29/2006 with an 80% improvement in symptoms, physical therapy and a home exercise program. On 05/12/2015 there is an unofficial report of a lumbar Magnetic Resonance Imaging which showed multiple levels of desiccation involving L3-L4, L4-L5, L5-S1; L3-L4 and L4-L5 with mild to moderate disc space narrowing; L5-S1 severe disc space narrowing with type II Modic endplate changes; L3-L4 board based bulge eccentric to the left with left L3-L4 lateral and foraminal protrusion; L4-L5 broad base bulge eccentric to the right with right L4-L5 lateral and foraminal protrusion; bilateral L5-S1 laminotomy defects with end plate ridging with vertical foraminal narrowing. She is retired by employer. The report of an Electromyography done on 05/12/2015 reveals the findings are consistent with a deferential diagnoses of mild left L5-S1 radiculopathy, bilateral sensory polyneuropathy, left L5-S1 myotome chronic axonal denervation's and Cauda Equina neuropraxia. A physician progress note dated 05/27/2015 documents the injured worker has persistent lower back pain and referred left leg pain which ranges in severity between 3-10 out of 10 on the pain scale. She is unable to have sex due to increased pain and disability afterwards, she is unable to run and she is only

able to walk between 3-4 miles before developing left leg pain and weakness. Previously she was able to walk as much as 8 miles. Treatment requested is for Associated surgical service: EKG, Associated surgical service: Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, Associated surgical service: Inpatient hospital stay x 3 days, Associated surgical service: Labs, Associated surgical service: Lumbar spine injection, Associated surgical service: Vascular surgery assistant, L4-L5 Artificial disc replacement and L5-S1 anterior interbody fusion with fixation, vertebral corpectomy and microsurgical techniques, and Pre-op history and physical.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 Artificial disc replacement and L5-S1 anterior interbody fusion with fixation, vertebral corpectomy and microsurgical techniques: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper back.

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-Disc prosthesis.

Decision rationale: The ODG guidelines do not recommend lumbar disc prosthesis. They note that studies have failed to demonstrate superiority of disc replacement over lumbar fusion. The provider recommends a L5-S1 anterior interbody lumbar arthrodesis to treat her lumbosacral "myotome chronic axonal denervation's and cauda equina neuropraxia." Documentation does not present evidence of the proposed procedure's efficacy in treating this in light of its prior occurrence. Further there is no evidence presented for instability. The California MTUS guidelines do not recommend fusion in the absence of instability. According to the Guidelines for the performance of fusion procedures for degenerative diseases of the lumbar spine, published by the joint section of the American Association of Neurological surgeons and Congress of Neurological surgeons in 2005 there was no convincing medical evidence to support the routine use of lumbar fusion at the time of primary lumbar disc excision. This recommendation was not changed in the update of 2014. The update did note that fusion might be an option if there is evidence of spinal instability, chronic low back pain and severe degenerative changes. Documentation does not show instability or severe degenerative changes. The requested treatment: L4-L5 Artificial disc replacement and L5-S1 anterior interbody fusion with fixation, vertebral corpectomy and microsurgical techniques is not medically necessary and appropriate.

Associated surgical service: Implantation, revision or repositioning of tunneled intrathecal or epidural catheter: 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: Lumbar spine injection: 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: Inpatient hospital stay x 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: Vascular surgery assistant: 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.

Pre-op history and physical: 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: Labs: 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: EKG: 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.