

Case Number:	CM15-0141506		
Date Assigned:	07/31/2015	Date of Injury:	06/16/2014
Decision Date:	09/23/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/21/2015

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: Illinois, California, Texas
 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:

This injured worker is a 44-year-old male who sustained an industrial injury on 6/16/14. Injury occurred when he was moving a water heater, weighing more than 100 pounds, and he felt severe low back pain radiating to his legs. Past surgical history was positive for lumbar discectomy and decompression at L5/S1 in 1984. Past medical history was positive for hypertension. Conservative treatment included medications, activity modification, and physical therapy. The 6/27/14 lumbar spine MRI impression documented moderate to slightly severe degenerative disc disease L4/5 level with mild broad-based disc bulge, disc space narrowing, and anterior endplate bony osteophytosis associated with mild to moderate facet arthropathy. There was an asymmetric right lateral or paracentral disc protrusion causing mass effect upon the adjacent nerve roots without significant impression, and right neuroforaminal narrowing secondary to degenerative changes that might result in slight compression of the right exiting nerve root. There was persistent mild to moderate central disc protrusion at L5/S1 causing slight narrowing of the exiting neuroforaminal bilaterally. The 1/30/15 initial neurosurgical consult report cited grade 7- 8/10 low back pain radiating into the lower extremities, left greater than right, with lower extremity weakness. He reported the left leg gave out on him. Any walking, sitting or bending worsened the symptoms. Physical exam documented 4/5 left dorsiflexion and plantar flexion weakness, decreased sensation in the left lateral shin and bottom of the left foot, and absent left ankle reflex. There was mid-lumbar tenderness to palpation. Imaging showed L4/5 moderate disc space narrowing with moderate broad-based degrees, moderate facet arthropathy with moderate bilateral foraminal narrowing. There were post-operative changes of L5/S1 with laminectomy and discectomy. The diagnosis was lumbar stenosis and radiculopathy. He had bilateral moderate foraminal stenosis of L4/5 and previous discectomy at L5/S1 with

radiculopathy and back pain. The injured worker would benefit from surgery with decompression and redo discectomy with facetectomy and foraminotomy at these levels. Fusion was required because of the need for total facetectomy. The 6/9/15 neurosurgical report cited low back pain radiating to both legs to the calves. Neurologic exam documented 4/5 left dorsiflexion and plantar flexion weakness, and decreased sensation over the both lateral shins and feet. Updated imaging showed L4-L5 moderate to severe disc height narrowing and moderate bilateral neural foraminal narrowing with post-operative changes. The diagnosis was lumbar stenosis with neurogenic claudication. The injured worker had a previous lumbar decompression at L4/5 with retained stenosis. This required a redo total facetectomy and discectomy bilaterally to address the radiculopathy and neurogenic claudication which will create iatrogenic instability and fusion of L4/5 was indicated. Authorization was requested for transforaminal lumbar interbody fusion (TLIF) L4-S1 with 3 day length of stay, surgery assistant PAC, Aspen LSO brace, in-home care, and transportation to/from appointments. The 6/23/15 occupational medicine note cited persistent lower back pain with increasing pain levels. He was using a walker, moving extremely slow with guarded gait. Authorization was requested for spinal surgery and also transportation to and from appointments and in-home care as the injured worker lived alone and had no one to help him post-operatively. The 6/30/15 utilization review non-certified the request for TLIF and associated requests noting that this surgery had been previously denied as the submitted documentation misstated the findings of the MRI and past surgical history and the clinical exam did not correlate with imaging studies. There had been no new information provided to cause reconsideration of the previous denial for surgical intervention. The request for transportation to/from appointments was non-certified as there was no documentation that the injured worker would be unable to be driven by a family member or use public transportation and open ended requests were not supported. The 7/1/15 panel qualified medical evaluation (PQME) report cited grade 7-8/10 low back pain radiating into the lower extremities with numbness and weakness. Pain was increased with sitting for an hour and with standing and walking. The left leg gives out, he had difficulty walking normally and used a cane or walker at times. Functional difficulty was reported with activities of daily living. He had erectile dysfunction and sleep difficulties. He complained of depression, anger, and anxiety. Lumbar spine exam documented guarded range of motion due to pain and positive straight leg raise bilaterally. He was unable to toe/heel walk because of pain and fear of losing his balance. There was diminished sensation below the knee on the right. The 4/12/15 lumbar spine MRI was reviewed and showed a 3 mm moderate to severe disc herniation at L4/5 with mild to moderate bilateral foraminal stenosis. At L5/S1, there was a 2-3 mm disc protrusion causing moderate central canal stenosis. The PQME recommended referral to neurosurgeon for further evaluation and additional treatment, such as an epidural steroid injection. Should this fail, then he may be a candidate for surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal lumbar interbody fusion 4-S1: Upheld

Claims Administrator 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) http://www.odg-twc.com/odgtwc/low_back.htm; ACOEM

Practice Guidelines, Low back disorders revised 2007 pages 201-204 and 209-211.

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

Decision rationale: Guideline criteria have not been fully met. This injured worker presents with persistent low back pain radiating into both legs with weakness. Symptoms of neurogenic claudication are reported. Clinical exam findings were consistent with imaging evidence of plausible nerve root compromise at the L4/5 and L5/S1 levels. Evidence of long term reasonable non-operative treatment protocol trial and failure has been submitted. This is no evidence of epidural steroid injections. There was no radiographic evidence of spinal segmental instability or spondylolisthesis. There was discussion of the need for total facetectomy at the previous surgical level which would create temporary intraoperative instability and require fusion. The discussion was not clear regarding the need for fusion at both levels. Additionally, records noted current psychological complaints with no evidence of a psychosocial screen. Therefore, this request is not medically necessary at this time.

Associated surgical service: 3 day LOS: 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.

Surgery Assistant PAC: 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: Aspen LSO brace: 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: In home care: 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.

Transportation to/ from appointments: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Transportation (to & from appointments).

Decision rationale: The California MTUS does not specifically address the medical necessity of transportation. The Official Disability Guidelines state that transportation to and from appointments is recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. This reference applies to patients with disabilities preventing them from self-transport who are age 55 or older and need a nursing home level of care. Transportation in other cases should be agreed upon by the payer, provider and patient, as there is limited scientific evidence to direct practice. Guideline criteria have not been met. There is no documentation in the file to support the medical necessity of this request. There is no documentation that the injured worker has a disability preventing self-transport although medication use may preclude driving. There is no evidence that he would be unable to use public transportation, or secure a ride. The injured worker is not over 55 years of age or in need of nursing home level of care. Therefore, this request is not medically necessary.