

Case Number:	CM15-0023489		
Date Assigned:	02/13/2015	Date of Injury:	09/22/2014
Decision Date:	04/24/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	02/09/2015

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: 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:

The injured worker is a 60-year-old male who reported an injury on 09/22/2014. The mechanism of injury was the injured worker was installing a computer docking station in a truck. The injured worker underwent an MRI of the lumbar spine on 10/22/2014 with revealed disc desiccation and a bulge at L5-S1. There was an L5 anterolisthesis. The central canal was patent. There was severe right and left neural foraminal encroachment related to the L5 anterolisthesis and facet hypertrophy, as well as endplate osteophytes. There was minimal facet joint effusion bilaterally. There were endplate degeneration changes in the inferior L5 and superior S1 levels. The documentation of 12/12/2014 revealed the injured worker had complaints of significant pain in the left hip radiating down the left leg. The injured worker had some pain in the right hip. The injured worker had 5/5 strength in the bilateral lower extremities with the exception of 4+/5 in the hamstrings on dorsiflexion and 4/5 in the extensor hallucis longus on the left side. The injured worker had absent pinprick sensation in the bilateral L4-5 dermatomes and the left L4 dermatome along the medial malleolus. The diagnosis and plan of care included bilateral L5 spondylotic defects with grade II L5 on S1 spondylolisthesis. There was an L5-S1 intervertebral disc degeneration, severe bilateral L5-S1 foraminal stenosis. The injured worker had evidence of bilateral L5 radiculopathy due to the sensory loss in L5 dermatome bilaterally. The injured worker had pain in the left L5 dermatomal distribution and weakness of the left L5 innervated musculature, including the hamstrings, dorsiflexion, and extensor hallucis longus. They were noted to be concordant with the imaging studies which revealed bilateral L5 spondylotic defects with an L5-S1 grade 2 spondylolisthesis. Additionally, it was indicated the injured worker had severe bilateral L5-S1 foraminal stenosis with impingement of the exiting L5 roots bilaterally. The injured worker was noted to undergo a trial of physical therapy which worsened his pain and

the injured worker did not wish to try it again. Additionally, documentation indicated the injured worker's treatment could consist of medication management, epidural steroid injections, or surgery. The documentation of 01/23/2015 revealed the injured worker continued to have severe pain in the left hip radiating down the left leg and the injured worker had severe back pain. Additionally, the physical examination revealed the injured worker had absent pinprick sensation in the bilateral L4-5 dermatome and also in the left L4 dermatome along the medial malleolus. The injured worker was otherwise intact to light touch, pinprick, and joint position sense throughout. The diagnosis included lumbar stenosis and lumbar spondylosis, as well as lumbar spondylolisthesis at L5-S1. The treatment plan included surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

L-5 GIII type S1 laminectomy, L-5 S1 posterior lumbar interbody fusion, L5-S1 posterolateral fusion, open reduction L5-S1 spondylolisthesis, posterior non-segmental Instrumental L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The American College of Occupational and Environmental Medicine indicate 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, and 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. There would be no need for electrophysiologic evidence to support a fusion. The documentation indicated the injured worker had clear imaging findings to support the necessity for surgical intervention due to grade 2 spondylolisthesis. The documentation indicated the injured worker had a trial of conservative care. However, the documentation submitted for review failed to indicate the injured worker had an exhaustion of conservative care as the specific duration of conservative care was not provided. Given the above, the request for L-5 GIII type S1 laminectomy, L-5 S1 posterior lumbar interbody fusion, L5-S1 posterolateral fusion, open reduction L5-S1 spondylolisthesis, posterior non-segmental Instrumental L5-S1 is not medically necessary.

Associated surgical request: Intraoperative neuro-physiological monitoring and Intraoperative C-arm fluoroscopy: 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 request: 2 day inpatient stay: 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 request: Pre-op medical clearance, pre-op labs, EKG, and Chest x-ray: 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.