

Case Number:	CM15-0028977		
Date Assigned:	03/27/2015	Date of Injury:	05/02/2013
Decision Date:	05/06/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/17/2015

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: Oregon, California
 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 62-year-old male who reported an injury on 05/02/2013. The mechanism of injury was the injured worker was in the process of opening a recalcitrant steam valve and had to use a cheater bar and as he pulled on the bar with a lot of force, the injured worker slipped. The injured worker heard a popping sound and had a sudden sharp pain in the low back. The injured worker's prior treatment included physical therapy. The injured worker additionally received an epidural steroid injection. There was a Request for Authorization form for surgical intervention dated 11/17/2014. The injured worker underwent an x-ray of the lumbar spine minimum 4 views on 05/15/2013, which revealed minor diffuse degenerative changes in the lower lumbar spine, normal alignment, and no fracture demonstrated. He underwent an MRI of the lumbar spine on 09/10/2014, which revealed at the level of L4-5, there were postsurgical changes of the right sided hemilaminectomy. There was a broad disc protrusion that was present with a very large central and paracentral disc extrusion. Extruded disc material extended approximately 8 mm posterior to the vertebral body cortex and approximately 2 mm superior to the disc space along the posterior aspect of L4. This resulted in moderate narrowing of the central canal and effacing of both the right and lateral recesses with mass effect upon both the right and left descending L5 nerves. There was minimal neural foraminal narrowing. There was moderate lateral facet arthropathy with synovial cyst emanating from the facet joint. The documentation of 09/25/2014 revealed the injured worker was sore bilaterally. The injured worker was noted to have a microlumbar decompression of the right L4-5 on 05/14/2014. The injured worker was noted to be still getting random tingling in his toes. Prior therapies were

noted to include an epidural block and Percocet. The medications included cyclobenzaprine hydrochloride 10 mg, ibuprofen 200 mg, oxycodone 5/500 mg, trazodone hydrochloride 100 mg, and zolpidem tartrate 10 mg. The physical examination revealed muscle tenderness bilaterally in the lumbar spine. The injured worker had full range of motion without instability. Neurologically, the injured worker had a straight leg raise that was positive on the left reproducing back pain. The diagnosis included lumbar degenerative disc disease and lumbar herniated disc. The treatment plan included a revision decompression and discectomy followed by fusion of L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transverse Lumbar Interbody Posterior Fusion Left L4-5, Revision Decompression L4-5:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Comp 2012 on the web, Work Loss Data Institute- section on Low Back.

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 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. The clinical documentation submitted for review failed to provide documentation of electrodiagnostic studies. The documentation indicated the surgeon opined the injured worker should undergo a revision decompression. However, there was a lack of documentation of myotomal or dermatomal findings to support the necessity for the requested intervention. There was a lack of documentation of objective findings upon physical examination to support the necessity. There was a lack of documentation indicating the injured worker had spinal instability upon flexion and extension x-rays. Given the above, the request for transverse lumbar interbody posterior fusion left L4-5, revision decompression is not medically necessary.

CBC, Pro-Thrombin Time, Partial Thromboplastin Time, 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.

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.

Hospital Visit: 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Pre-Operative Physical Therapy Evaluation for the Lumbar: 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: Physical Therapy (12-sessions for the lumbar spine): 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.

