

Case Number:	CM15-0225266		
Date Assigned:	11/23/2015	Date of Injury:	08/31/2013
Decision Date:	12/31/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	11/17/2015

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: 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 59 year old female, who sustained an industrial injury on 8-31-2013. The injured worker was diagnosed as having lumbar radiculopathy. Treatment to date has included diagnostics, physical therapy, injections, right arthroscopic partial medial meniscectomy 4-2015, and medications. On 9-29-2015, the injured worker complains of low back pain radiating into the left buttocks. Medication was "as needed for pain". Exam of the lumbar spine noted tenderness to palpation over the paraspinal musculature and no tenderness to palpation over the spinous processes. Flexion was 60-60, extension 25-25, and lateral bending 25-25. Lower extremity strength was 5 of 5 and sensation was diminished over the left L5 dermatome. Reflexes were 2+ in the patellae and Achilles. Magnetic resonance imaging of the lumbar spine was documented as showing L4 to S1 stenosis. Magnetic resonance imaging of the lumbar spine (3-18-2014) showed at L4-L5: 3-4mm posterior disc bulge resulting in severe bilateral neural foraminal narrowing in conjunction with facet joint hypertrophy, severe canal stenosis, and bilateral exiting nerve root compromise. L5-S1: 4-5mm posterior disc bulge resulting in moderate left and moderate to severe right neural foraminal narrowing in conjunction with facet joint hypertrophy, central canal mildly stenosed, and bilateral exiting nerve root compromise. The treatment plan included L4-S1 decompression and fusion and Tramadol "for flare-up episodes when anti-inflammatories are not sufficiently controlling his pain, as this has been shown to be useful for her in the past". Work status was total temporary disability. On 10-16-2015 Utilization Review modified a request to L4-S1 decompression (original request for L4-S1 decompression and fusion), modified a request to 1 day hospital stay (original request for 3 day hospital stay), and non-certified a request for Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-S1 decompression and fusion: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back procedure.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: Per orthopedic evaluation of 9/29/2015 the injured worker was complaining of low back pain radiating into the left buttock. She claimed it started years ago and she had minimal improvement despite anti-inflammatories and physical therapy as well as injections. On examination there was tenderness to palpation over the paraspinal musculature of the lumbar spine. Flexion was 60/60 and extension 25/25. Right bend was 25/25 and left band was 25/25. There was no tenderness to palpation over the spinous processes. Sensation was diminished over the left L5 dermatome. Reflexes were 2+ in the patellae and Achilles. Straight leg raising was negative. Strength was 5/5 in all muscle groups of both lower extremities. The lumbar MRI was reported to show L4-S1 stenosis. The assessment was lumbar radiculopathy. The provider recommended L4-S1 decompression and fusion. An incomplete radiology report pertaining to the MRI scan of the lumbar spine dated 3/18/2014 is submitted. At L4-5: The disc height and signal intensity are maintained. A 3-4 mm posterior disc bulge effaces the ventral surface of the thecal sac resulting in severe bilateral neural foraminal narrowing in conjunction with facet joint hypertrophy. Severe canal stenosis is seen. Bilateral exiting nerve root compromise is seen. At L5-S1-1-4 to 5 mm posterior disc bulge effaces the ventral surface of the thecal sac resulting in moderate left and moderate to severe right neural foraminal narrowing in conjunction with facet joint hypertrophy. The central canal is mildly stenosed. Bilateral exiting nerve root compromise is seen. California MTUS guidelines indicate surgical considerations for severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise. In this case, there is no recent documentation of pain below the left buttock. There is no pain in the distribution consistent with abnormalities on the MRI scan. There is no objective evidence of neural compromise such as motor deficit or absent deep tendon reflex. The negative straight leg raising indicates absence of ongoing nerve root irritation. There is no limitation of motion documented in the lumbar spine. The guidelines also necessitate activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms which has not been documented. In addition, the guidelines mention 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. Although the MRI does show evidence of nerve root compromise and examination revealed diminished sensation in the left L5 dermatome, it is not corroborated by electrophysiologic evidence. Recent EMG and nerve conduction studies have not been

performed. The request for a decompression and fusion was modified by utilization review to a 2 level decompression only. For a lumbar fusion the guidelines necessitate evidence of spondylolisthesis with instability which has not been documented. Flexion/extension films have not been submitted. According to the guidelines there is no scientific evidence about the long-term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis compared with natural history, placebo, or conservative treatment. 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 documentation provided does not indicate any of these criteria have been met. As such, the request for L4-S1 decompression and fusion is not a medical necessity the request has not been substantiated.

3 day hospital stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back procedure.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Low back, Topic: Hospital length of stay.

Decision rationale: Per available documentation, utilization review has modified the surgical request to a two-level decompression. ODG guidelines indicate the best practice target of 1 day for laminectomy. As such, the request for a 3 day hospitalization is not supported and the medical necessity of the request has not been substantiated, therefore is not medically necessary.

Tramadol unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

Decision rationale: The request as stated is for Tramadol. However, it does not specify the dosage or the quantity that is being requested. As such, the medical necessity of the request cannot be determined, therefore is not medically necessary.