

Case Number:	CM15-0034783		
Date Assigned:	03/03/2015	Date of Injury:	07/31/2014
Decision Date:	05/01/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/24/2015

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: California

Certification(s)/Specialty: Pediatrics, 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 64-year-old female who reported injury on 07/31/2014. The mechanism of injury was the injured worker arrived at work and was getting the mother ready to go to the doctor and as he was placing her in the car, the mother grabbed a hold of the injured worker because she thought she was going to fall. The MRI of the lumbar spine on 08/21/2014 revealed at L3-4 there was a mild loss of disc signal, a 2 mm retrolisthesis, 3 mm to 4 mm diffuse bulging of the annulus with focal 4 mm lower recess protrusion with partial annular tear which minimally flattened the left anterolateral thecal sac lying adjacent to the left L4 nerve root. There was no overall canal or lateral recess stenosis. The neural foramen was patent. At L4-5, there was mild degenerative anterolisthesis and facet hypertrophy without canal or foraminal stenosis. There was a partial conjoining of the right L5 and S1 nerve root. There was a request for authorization submitted for review dated 02/02/2015. The documentation of 01/29/2015 revealed the injured worker had completed a course of physical therapy without improvement. The injured worker underwent a left L4-5 transforaminal epidural steroid injection with minimal improvement. The physical examination revealed the injured worker had pain with lumbar extension, rotation, and palpation. Reflexes of the knees and ankles were 1+. The tibialis anterior and EHL strength were 4/5. Sensation was grossly intact. The AP views revealed 5 lumbar vertebrae. Pedicle shadows were intact. There was degenerative scoliosis. The lateral view revealed minimal anterolisthesis of L4-5 and there was retrolisthesis and narrowing at L3-4. The physician further documented the injured worker underwent an MRI of the lumbar spine on 08/21/2014 which revealed mild retrolisthesis and narrowing at L3-4 with mild left foraminal disc bulge. At L4-5,

there was low grade degenerative anterolisthesis with mild left subarticular stenosis. At L5-S1, there was a partial conjoining of the right L5-S1 nerve roots. The diagnoses included mild disc space narrowing and retrolisthesis at L3-4, left foraminal protrusion at L3-4, low grade degenerative anterolisthesis at L4-5 with left subarticular stenosis, right L5-S1 partial conjoined nerve root and fibromyalgia. The physician documented the injured worker continued to report constant low back pain radiating down the back of her leg. The injured worker's pain had returned since the epidural steroid injection. The request was made for a left L3-4 and left L4-5 decompression and possible discectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L3-L4 and L4-L5 decompression and possible discectomy, neuromonitoring (conquest), Magellan: 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): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Intraoperative neurophysiological monitoring (during surgery).

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. The clinical documentation submitted for review failed to provide electrophysiologic studies for review to support the need for a decompression. The physical examination revealed the injured worker's tibialis anterior and EHL strength was 4/5 and reflexes at the knees and ankles were 1+. The injured worker had undergone conservative care. The MRI revealed a partial conjoining of the L5 and S1 nerve root. There was a lack of documentation of nerve root involvement at the level of L3-4 and L4-5. This portion of the surgical intervention would not be supported. The guidelines, however, do not address neuromonitoring. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that neuromonitoring is recommended during spinal or intracranial surgeries when such procedures have a risk of significant complications that can be detected and prevented through the use of neurophysiological monitoring. The clinical documentation submitted for review failed to support the surgical intervention. As such, this portion of the request would not be supported. Given the above, the request for Left L3-L4 and L4-L5 decompression and possible discectomy, neuromonitoring (conquest), Magellan is not medically necessary.

Associated surgical service: Inpatient Hospital Stay of one to two days at Hospital: 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: Assistant surgeon: 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: Pre-Operative Medical Clearance: 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.

Post-Operative Lumbar Spine Corset: 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.

Aquatic therapy twice weekly for four weeks: 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.

Land physical therapy, twice weekly for six weeks: 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.