

Case Number:	CM15-0036145		
Date Assigned:	03/04/2015	Date of Injury:	09/26/2012
Decision Date:	05/08/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	02/26/2015

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 34-year-old male who reported injury on 09/26/2012. The mechanism of injury occurred when the injured worker was cutting brush and trees on a steep embankment that had loose gravel, and he slipped. The prior therapies included conservative physical therapy, medications, and an SI joint injection. The office visit dated 12/15/2014, which revealed the injured worker had a discogram CT study that confirmed spondylitic spondylolisthesis at L5-S1. The treatment plan included a posterior decompression and stabilization of the L5-S1 segment. The injured worker was noted to undergo a psychological evaluation on 02/13/2015, which revealed there was nothing that would indicate the injured worker was not able to proceed with a posterior decompression and stabilization of the L5-S1 segment. Lumbar discogram was performed on 12/08/2014, which revealed the injured worker had an annular disruption of 10/10 concordant painful low back at L5-S1. The documentation of 03/03/2014 revealed the injured worker had an MRI, which confirmed an annular tear and bulge at L5-S1. The injured worker was noted to utilize chewing tobacco. The physical examination revealed the injured worker had an antalgic gait. The injured worker had tenderness in the right SI buttock region around the left side, muscle spasm, and restricted range of motion. The injured worker had diminished reflexes. The straight leg raise test was positive on the right. The diagnoses included annular tear at L5-S1; mechanical right sided back pain with some increasing left radicular complaints. The treatment options included a lumbar discogram with a CT scan to follow. CT scan revealed the injured worker had bilateral spondylosis of L5 with grade 1 spondylolisthesis of L5 on S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posterior decompression with fusion L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-308.

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. Clinicians should consider referral for psychological screening to improve surgical outcomes. The clinical documentation submitted for review indicated the injured worker had undergone a psychological clearance. There was a lack of documentation of electrodiagnostic studies to corroborate findings of decreased reflexes. The specific reflexes that were decreased were not provided. The physical examination revealed the injured worker had restricted range of motion and tenderness. The straight leg raise was positive on the right. However, there was a lack of documentation of specific myotomal or dermatomal findings. Additionally, there was a lack of documentation indicating the specific reflex changes. Given the above and the lack of documentation, the request for posterior decompression with fusion L5-S1 is not medically necessary.

Length of stay: Inpatient- no duration specified: 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.

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.

Pre-op labs: 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.

Pre-op H&P: 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.

Hardware: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-308.

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. Clinicians should consider referral for psychological screening to improve surgical outcomes. The clinical documentation submitted for review indicated the injured worker had undergone a psychological clearance. There was a lack of documentation of electrodiagnostic studies to support myotomal or dermatomal findings. The physical examination revealed the injured worker had restricted range of motion and tenderness. The reflexes were diminished. The straight leg raise was positive on the right. However, there was a lack of documentation of specific myotomal or dermatomal findings. Additionally, there was a lack of documentation indicating the specific reflex changes. Given the above and the lack of documentation, the request for hardware is not medically necessary.