

Case Number:	CM15-0049773		
Date Assigned:	03/23/2015	Date of Injury:	10/26/2007
Decision Date:	05/11/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/16/2015

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 66-year-old female who reported injury on 10/26/2007. The mechanism of injury was not provided. The documentation of 01/22/2015 revealed the injured worker had intermittent moderate low back pain with radiation to the bilateral legs. The examination of the lumbosacral spine revealed increased tone and tenderness in the paralumbar musculature with tenderness to the midline thoracolumbar junction over the level of L5-S1 facets and right greater sciatic notch. The strength was 4-/5 on the left at L4 and on the right it was 4+/5 at the same level. The EHL level revealed strength on the right at 4/5 and on the left at 3/5. The deep tendon reflexes included bilateral 1 reflexes in the patellar and Achilles. There was sensation that was decreased to light touch at the level of L5-S1 on the left. The documentation further indicated the injured worker underwent an MRI of the lumbar spine on 01/06/2015 which revealed at the level of L4-5 there was a 6 mm disc bulge occupying the inferior recesses of the bilateral foramina. Superimposed on the disc bulge was a focal 8 mm central disc protrusion causing moderate to severe central canal stenosis. There were hypertrophic facet degenerative changes with redundancy of the ligamentum flavum also contributing to central canal stenosis. There is moderate bilateral neural foraminal narrowing right greater than left. At the level of L5-S1, there was a 2 mm broad based disc causing no significant neural foraminal narrowing or canal stenosis. There were hypertrophic facet degenerative changes bilaterally. The diagnosis included lumbar spine sprain/strain with radicular complaints and MRI evidence of a 6 mm disc bulge at L3 4-5, and superimposed 8 mm disc protrusion on it. The treatment plan included anterior

lumbar interbody fusion of L4-5, Gill laminectomy at L4-5 including decompression foraminotomy only at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior lumbar interbody fusion of L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

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. There would be no necessity for electrodiagnostic studies to support a fusion. There was a lack of documentation of physical findings indicating the injured worker had spinal instability. There were no x-rays submitted that included flexion and extension to support that there was instability. There was a lack of documentation of a failure of conservative care, and the recent conservative care that was provided. Given the above, the request for anterior lumbar interbody fusion at L4-5 is not medically necessary.

GILL laminectomy of the L4-L5 including decompression foraminotomy only at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

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. The clinical documentation submitted for review failed to provide documentation of electrophysiologic evidence to support the need for a decompression. There was a lack of documentation of recent conservative care that was provided. The injured worker had objective findings upon physical examination. The MRI revealed moderate bilateral neural foraminal narrowing right greater than left at the level of L4-5. At L5-S1, the MRI revealed a 2 mm broad based disc bulge causing no significant neural foraminal narrowing or canal stenosis. The surgical intervention for the level of L5-S1 would not be supported. Given the above, the request for GILL laminectomy of the L4-L5 including decompression foraminotomy only at L5-S1 is not medically necessary.

Vascular 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.

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.

Bone growth stimulator and a Cybertech brace post-operatively: 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-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 cryotherapy for 1 month rental to use 3-5 times per day: 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.