

Case Number:	CM15-0051553		
Date Assigned:	03/25/2015	Date of Injury:	07/03/2014
Decision Date:	05/11/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/18/2015

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 62 year old female, who sustained an industrial injury on July 3, 2014. She reported lumbosacral and right leg pain. The injured worker was diagnosed as having displaced lumbar intervertebral disc at L4-5 with spinal stenosis and severe neuroforaminal stenosis on the right and moderate on the left. Treatment to date has included MRI, work modifications, 3 sessions of physical therapy, back support, lumbar epidural steroid injection, and medications including short-acting and long-acting opioid analgesics, muscle relaxants, and non-steroidal anti-inflammatory drugs. On December 2, 2014, the injured worker reported minimal benefit from the lumbar epidural steroid injection of October 14, 2014. The physical exam revealed signs of spinal stenosis with nerve root impingement mostly in the right lower extremity. The treatment plan included medications and physical therapy, and a request for lumbar decompression at L4-5 and L5-S1 levels with instrumented fusion, preoperative labs, and post-operative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar decompression at L4 L5 and L5-S1 instrumental infusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Spinal Fusion.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306, 307.

Decision rationale: The injured worker is a 62-year-old female with low back pain radiating to the right lower extremity. Per examination of 9/12/2014 she was having moderately severe low back pain for 2 months associated with numbness. The symptoms were exacerbated by standing and walking. The back pain was radiating to the right leg. She denied any weakness in the legs. She denied any numbness or tingling of the lower extremities. There was no history of bladder or bowel dysfunction. On examination her gait was normal and posture was normal. There was restricted range of motion of the lumbosacral spine. Sensation was intact to light touch and pinprick in all dermatomes. Straight leg raising was positive at 60 degrees on the right. There was no motor weakness documented. Deep tendon reflexes were 2/4 bilaterally. An MRI scan of the lumbar spine dated September 4, 2014 revealed broad-based disc bulging and 5 mm right paracentral and posterolateral disc protrusion effacing the anterior thecal sac and severely narrowing the right subarticular recess at L4-5. Moderate bilateral facet arthropathy and ligamentum flavum thickening was noted. The findings resulted in severe canal stenosis and severe right and moderate left neural foraminal narrowing. The protruded disc was impinging on the descending right L5 and exiting right L4 nerve roots. The L5-S1 level was unremarkable. California MTUS guidelines indicate direct methods of nerve root decompression included laminotomy, standard discectomy and laminectomy. The surgical indications include severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies, preferably with accompanying objective signs of neural compromise, activity limitations due to radiating leg pain for more than one month or 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 failure of conservative treatment to resolve disabling radicular symptoms. In this case electricophysiology studies have not been done. Although imaging studies show clear evidence of a herniation at L4-5 associated with nerve root compression, similar evidence is not noted at L5-S1. If surgical decompression at L4-5 results in instability at this level, a fusion will be indicated at the same level. Therefore the requested procedure is supported at the L4-5 level. However, the guidelines do not support need for a spinal fusion at L5-S1. The guidelines indicate that there is no good evidence from controlled trials the 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. Lumbar fusion in patients with other types of low back pain very seldom cures the patient. There is no indication for a wide decompressive laminectomy at L5-S1 that may result in instability and necessitate a fusion at L5-S1. However, since the MRI scan is 8 months old, a repeat study may be necessary to determine the medical necessity of decompression and fusion at L5-S1 in addition to the L4-5 level. In the absence of imaging evidence of pathology at L5-S1 level, the request for 2 level decompression and fusion at L4-5 and L5-S1 is not supported and the medical necessity of the request has not been substantiated.

Associated Surgical Services: Medical clearance: Labs, CBC, BMP, UA, PTT: 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 surgical procedure is not medically necessary, none of the associated services are medically necessary.

Post-Op Physical Therapy 3 x 4: 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 surgical procedure is not medically necessary, none of the associated services are medically necessary.