

Case Number:	CM15-0087894		
Date Assigned:	05/12/2015	Date of Injury:	06/20/2008
Decision Date:	06/11/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/07/2015

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: New York
 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 46 year old male who sustained an industrial injury to his lower back on 06/20/2008 secondary to a motor vehicle accident. The injured worker was diagnosed with lumbar spine degenerative disc disease. Treatment to date included conservative measures, physical therapy, home exercise program, transcutaneous electrical nerve stimulation (TEN's) unit; trigger point injections, epidural steroid injections (last one on October 3, 2013) and medications. A lumbar spine magnetic resonance imaging (MRI) performed in 2010 documented severe left neural foraminal narrowing likely impinging the left L5 nerve root and a dorsal broad based protrusion at L4-5 with a stable annular tear. A more recent lumbar spine magnetic resonance imaging (MRI) dated May 22, 2014 as reported in the medical review noted a large central and right paracentral disc herniation and extruded disc at L4-5 with moderate spinal canal stenosis and right lateral recess stenosis probably entrapping the right L5 nerve, severe stenosis of the right neural foramen at L4-5 entrapping the right L4 nerve and severe right and left foraminal stenosis at L5-S1 entrapping the right and left L5-S1 nerves. According to the primary treating physician's progress report on March 31, 2015, the injured worker continues to experience low back pain radiating into the buttocks, down the posterolateral aspects of the thighs into the feet with associated numbness and paresthesias. Examination demonstrated limited truncal range of motion due to pain. Motor strength testing continues to show one-half grade weakness on the right in the anterior tibia and full grade weakness on the right extensor hallucis longus muscle. Sensation is decreased on the dorsum and dorsolateral aspects of the right foot which was increased and denser than a previous examination. Current

medications are listed as Hydrocodone, Naproxen, Cyclobenzaprine, Eszopiclone, Mentherm cream, and Clonazepam. Treatment plan consists of a posterior lumbar decompression and fusion at L4-S1, in patient 3 day hospital stay, pre-operative laboratory work and Chest X-ray.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Posterior Lumbar Decompression and Fusion at (lumbosacral) L4-S1 levels: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-328. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar & Thoracic, Fusion (spinal), Indications for Surgery, Discectomy/laminectomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: The California MTUS guidelines do recommend a spinal fusion for traumatic vertebral fracture, dislocation and instability. This patient has not had any of these events. The guidelines note that the efficacy of fusion in the absence of instability has not been proven. The California MTUS guidelines recommend surgery when the patient has had severe, persistent, debilitating lower extremity complaints referable to a specific nerve root or spinal cord level corroborated by clear imaging, clinical examination and electrophysiological studies. Documentation does not provide this evidence. The guidelines note the patient would have failed a trial of conservative therapy. The guidelines note the surgical repair proposed for the lesion must have evidence of efficacy both in the short and long term. The requested treatment: 1 Posterior Lumbar Decompression and Fusion at (lumbosacral) L4-S1 levels is NOT medically necessary and appropriate.

Pre-Operative Chest X-Ray: 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 Labs: CBC (complete blood count), BMP (basic metabolic panel), PT (prothrombin time)/ PTT (partial thromboplastin time)UA (urinalysis): 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.

In-patient Hospital Stay, 3 days: 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.