

Case Number:	CM14-0111305		
Date Assigned:	08/01/2014	Date of Injury:	12/23/2013
Decision Date:	09/29/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/16/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 40-year-old male who reported an injury on 12/23/2013. The mechanism of injury was the injured worker was changing parts on a tractor. The injured worker was noted to undergo x-rays showing degenerative lumbar scoliosis with the apex at L4-5 and grade 1 L5-S1 spondylolisthesis. MRI of the lumbar spine on 02/21/2014, revealed at the level of L5-S1 there was a bilateral L5 pars defect causing mild degenerative anterolisthesis of L5 on S1. There was mild annular disc bulging and a right posterolateral annular fissure causing mild bilateral neural foraminal narrowing. There was no central canal stenosis. At the level of L4-5, there was a mild annular disc bulge and a 2 mm right paracentral protrusion. There was no central canal stenosis and neural foraminal narrowing. The documentation of 06/25/2014 revealed the injured worker had a bilateral L4 transforaminal epidural steroid injection and had no resolution of his bilateral lower extremity pain complaints. The documentation indicated that the physical examination had not changed significantly, as that documented on 06/11/2014. The documentation of 06/11/2014 indicated the examination had not changed since 04/30/2014. The documentation of 04/30/2014 revealed the injured worker was uncomfortable in the office. The injured worker was neurovascularly intact. The injured worker was noted to have numbness about the lateral aspect of his bilateral lower extremities and the posterior aspect of the bilateral lower extremities extending down to the lateral aspect of the bilateral feet. There was mildly positive straight leg raise to the right. The impression per the physician on the date of service 06/25/2014 revealed grade 1 spondylolisthesis at L5-S1 level, bilateral pars defect at L5 level, severe bilateral neural foraminal stenosis at L4-5 and L5-S1 levels, severe degenerative disc disease as L4-5 and L5-S1 levels, and decreased sensation bilaterally in L4 and L5. The treatment plan included that there was a failure of multiple conservative modalities and was now a surgical candidate. The surgical intervention requested was a decompression and fusion

procedure from L4-S1, and a full decompression of bilateral L4 and L5 nerve roots. The documentation indicated the injured worker would need a medical clearance. There was a Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-S1 posterior spinal fusion and instrumentation at [REDACTED] :
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 rationale: The American College of Occupational and Environmental Medicine indicates that a surgical consultation is 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. There should be clear clinical, imaging, and electrophysiological evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. There should be documentation of a failure of conservative treatment to resolve disabling radicular symptoms. Additionally, there is no good evidence from control 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. An EMG/NCV would not be necessary to support a fusion. The clinical documentation submitted for review failed to indicate the injured worker had objective findings of instability upon physical examination. The injured worker had an MRI which revealed a bilateral pars defect and anterolisthesis of L5 on S1. However, there was a lack of documentation of objective findings at the level of L4-5, as there was no central canal stenosis or neural foraminal narrowing at this level. There was a lack of documentation of radiologic evidence to support instability per flexion and extension studies. The documentation indicated the injured worker had failed conservative care. However, there was a lack of documentation indicating the duration and type of conservative care that was participated in. Given the above, the request for L4-S1 posterior spinal fusion and instrumentation at [REDACTED] is not medically necessary.

L5-S1 transforaminal lumbar interbody fusion at [REDACTED] :
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 rationale: The American College of Occupational and Environmental Medicine indicates that a surgical consultation is 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. There should be clear clinical, imaging, and electrophysiological evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. There should be documentation of a failure of conservative treatment to resolve disabling radicular symptoms. Additionally, there is no good evidence from control 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. An EMG/NCV would not be necessary to support a fusion. The clinical documentation submitted for review indicated the injured worker had no objective findings upon physical examination to support the injured worker had instability at the level of L5-S1. There was noted to be, per MRI, bilateral L5 pars defects causing mild degenerative anterolisthesis of L5 on S1. However, there was no central canal stenosis, and there was mild bilateral neural foraminal narrowing. There was a lack of documentation of radiologic evidence to support instability per flexion and extension studies. The documentation indicated the injured worker had failed conservative care. However, there was a lack of documentation indicating the duration and type of conservative care that was participated in. This request would not be supported. Given the above, the request for L5-S1 transforaminal lumbar interbody fusion at [REDACTED] is not medically necessary.

Surgical Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-operative laboratory studies: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Electrocardiogram (EKG): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Chest x-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Two (2) night hospital stay: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.