MAXIMUS Federal Services

Case Number:	CM14-0126729		
Date Assigned:	09/05/2014	Date of Injury:	01/08/2010
Decision Date:	11/05/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/11/2014

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 Spine Surgeon, 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 53-year-old female who reported injury on 01/08/2010. The mechanism of injury was not provided. Prior treatments included an epidural steroid injection. The injured worker underwent a facet block as well. The Qualified Medical Evaluation dated 06/17/2014 revealed prior surgical history included an ACL reconstruction. The documentation indicated the injured worker underwent an EMG which showed radiculopathy and the injured worker had an MRI of the lumbar spine. The most recent documentation was dated 06/17/2014, which revealed the injured worker had a lumbosacral surgery that was recommended and the injured worker was awaiting surgery. The injured worker's medications included ibuprofen and tramadol. The physical examination revealed the injured worker had lower lumbosacral tenderness. There was significant paravertebral spasm, guarding, and an asymmetric range of motion. The supine straight leg raise examination bilaterally created low back pain. The measurements of the injured worker's left lower extremity measured in the thigh at 10 cm above the patella was 2 cm less than the right. The measurement in the calves were bilaterally equal. Diagnoses included grade 1 L4-5 degenerative spondylolisthesis with reported EMG evidence of partial denervation of the mid and lower lumbosacral paraspinals bilaterally with sensory complaints. The physician documented the injured worker was a candidate for lumbosacral surgical intervention including an L4-5 decompression, fusion, and instrumentation with postoperative bracing, medication and therapy. There was no Request for Authorization or documented rationale from the requesting surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 Decompression, Fusion and Instrumentation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

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. There was a failure of documentation of an exhaustion of conservative care to resolve radicular symptoms. The clinical documentation submitted for review failed to provide official documentation of imaging and electrophysiologic evidence. Additionally, there would be no necessity for a fusion as the injured worker was noted to be undergoing a 1 level decompression. There was no x-ray supporting that the patient had instability and was in need of a fusion. Given the above, the request for L4-L5 Decompression, Fusion and Instrumentation is not medically necessary.