

Case Number:	CM14-0134787		
Date Assigned:	08/29/2014	Date of Injury:	06/12/2013
Decision Date:	10/09/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/22/2014

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 55-year-old female who reported an injury on 06/12/2013 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to her low back. The injured worker underwent an L4-5 laminectomy and discectomy in 04/2013 with good results. The injured worker was evaluated on 06/24/2014. It was documented that the injured worker had ongoing low back pain radiating into the right lower extremity. The physical findings included tenderness to palpation of the lumbar spine paraspinal musculature with restricted range of motion secondary to pain. The injured worker had 3-/5 muscle strength of the right quadriceps, hamstring, and anterior tibial with 3-/5 strength of the left lower extremity with an antalgic gait. It was noted on the x-rays that the injured worker had a spondylolisthesis at the L4-5 and L5-S1. The injured worker underwent a lumbar MRI on 07/28/2014 that documented there was evidence of a right hemilaminectomy at the L4-5 with bilateral facet degenerative changes and a disc bulge; moderate to severe disc space narrowing at the L3-4 with a disc bulge at the L4-5 causing mild to moderate spinal stenosis; a disc bulge at the L2-3 with a minimal retrolisthesis of the L2 over the L3 with a disc bulge causing mild to moderate spinal stenosis; and mild to moderate disc space narrowing and bilateral facet degenerative changes with a grade 1 retrolisthesis at the L1 over the L2 with a 4 mm disc bulge without any evidence of central canal or neural foraminal compromise. The injured worker was evaluated on 08/05/2014. It was documented that the injured worker had weakness in the anterior tibial and extensor hallucis longus bilaterally rated at a 4/5 with a positive right sided straight leg raising test. The injured worker had painful range of motion and diminished sensation in the L5 distribution bilaterally. It was noted that an x-ray was taken and a degenerative spondylolisthesis at the L5-S1 and L4-5 was identified. The injured worker's treatment plan included decompression of the L2-3, L3-4, L4-5, and L5-S1 with anterior posterior fusion at the L4-5 and L5-S1. A letter of appeal dated

08/22/2014 documented that the injured worker had received an adverse determination. It was noted in the letter that the injured worker had failed to respond to conservative treatment and had documented instability on the MRI and on x-ray examination. It was documented that the injured worker had stenosis from the L2 to the S1 and required stabilization from the L4 to the S1 with decompression above the stabilization. A Request for Authorization form to support the request was submitted on 09/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Posterior Fusion At L4-5 And L5-S1 With Decompressions At L2-3, L3-4, L4-5 And L5-S1: 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): 307.

Decision rationale: The California Medical Treatment Utilization Schedule does recommend decompression surgery for patients who have evidence of radiculopathy on clinical examination corroborated by pathology identified on an imaging study. The clinical documentation submitted for review does support that the injured worker has some spinal stenosis at the L2-3, L3-4, L4-5, and L5-S1. However, the clinical evaluation does not provide any evidence of radicular symptoms in the L2-3 and L3-4 dermatomal distribution. The injured worker's previous electrodiagnostic study indicated chronic L5-S1 radiculopathy which is consistent with the pathology identified on the imaging study and instability noted on a radiographic study. As the injured worker has already undergone decompression surgery at these levels, further decompression would cause further instability at the L4-5 and L5-S1. This would support the need for stabilization. However, as decompression at the L2-3 and L3-4 are not supported, the request in its entirety is not supported in this clinical situation. As such, the requested anterior posterior fusion at the L4-5 and L5-S1 with decompression at the L2-3, L3-4, L4-5, and L5-S1 is not medically necessary or appropriate.