

Case Number:	CM14-0141219		
Date Assigned:	09/10/2014	Date of Injury:	04/13/2004
Decision Date:	10/14/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/02/2014

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 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 57-year-old female who reported an injury on 04/13/2004. The mechanism of injury was not specifically provided. The injured worker was noted to have a prior fusion at L5-S1. Other therapies included lumbar epidural steroid injections. The injured worker had postoperative therapy. The injured worker underwent an MRI of the lumbar spine without contrast on 03/18/2014. The MRI findings revealed at L4-5 there was a 5 mm diffuse bulging of the annulus in combination with moderate facet and ligamentum flavum hypertrophy. The disc bulge flattened out both L5 nerve roots in the lateral recesses, right greater than left. This was noted to have slightly progressed since the previous MRI. The disc bulge had partial osteophytic ridging extending into the neural foramina bilaterally with facet and ligamentum flavum hypertrophy, mild to moderately narrowing the left and mildly narrowing the right neural foramen without nerve root impingement. There was a left facet effusion present on the prior examination. The documentation of 07/21/2014 revealed the injured worker had complaints of severe back pain radiating into her buttocks and down her lateral thighs and calves to her feet associated with numbness and tingling in the bilateral calves. The physical examination revealed lumbar range of motion of was markedly restricted and painful. The patellar and Achilles reflexes were 1+ and equal bilaterally. There was decreased light touch sensation in the lateral calves bilaterally. The diagnoses included status post anterior lumbar interbody fusion L5-S1, degenerative disc with central disc bulge protrusion at L4-5 and bilateral facet hypertrophy, left greater than right at L4-5; There was no Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Extreme Lateral interbody fusion) With Instrumentation L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back Chapter (Extreme Lateral interbody fusion)

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. Additionally, there is no good evidence from controlled 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. The clinical documentation submitted for review indicated the injured worker had moderately severe loss of disc height and signal intensity. There was partial osteophytic ridging extending into the neural foramina bilaterally with facet and ligamentum flavum hypertrophy, mild to moderately narrowing the left and mildly narrowing the right neural foramen without nerve root impingement. The physical examination revealed lumbar range of motion of was markedly restricted and painful. The patellar and Achilles reflexes were 1+ and equal bilaterally. There was decreased light touch sensation in the lateral calves bilaterally. There was a lack of documentation of an exhaustion of conservative care. There was a lack of documentation indicating the injured worker had instability at L4-5 per flexion and extension studies. Additionally, there was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for (Extreme Lateral interbody fusion) With Instrumentation L4-5 is not medically necessary.

Inpatient Stay x 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.

Pre-Op Clearance: 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.

Post-Op Back Brace: 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.