

Case Number:	CM14-0142573		
Date Assigned:	10/13/2014	Date of Injury:	02/16/2012
Decision Date:	11/13/2014	UR Denial Date:	08/11/2014
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 Surgery, has a subspecialty in Spinal Surgery and is licensed to practice in California. 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:

According to the records made available for review, this is a 40-year-old male with a February 6, 2012 date of injury. At the time (8/11/14) of request for authorization for MRI of the pelvis without contrast, lateral lumbar fusion L4-5, L5-S1 discectomy, decompression and instrumentation with neuromonitoring, Posterior lumbar fusion L4-5 and L5-S1 discectomy, decompression and instrumentation with neuromonitoring, Pre-op medical clearance, Vascular surgeon, 2 assistant surgeons, in-patient hospital stay for 7-days, lumbar-sacral orthosis (LSO) brace, cold therapy unit, Bone growth stimulator, x-ray of the lumbar spine, and CT scan of the lumbar spine, there is documentation of subjective (worsening back pain, weakness in the lower extremities, radicular symptoms in the bilateral lower extremities with predominance of axial low back pain) and objective (muscles spasms L4-S1, limited range of motion secondary to pain, 4/5 muscle strength in the bilateral gastrocsoleus and anterior tibialis, normal sensation, absent Achilles reflex) findings, imaging findings (lumbar spine MRI (5/30/14) report revealed L4-5 mild/moderate loss of disc height, minimal anterior thecal sac effacement, no central canal or neuroforaminal narrowing, mild facet arthrosis; L5-S1 moderate loss of disc height, minimal anterior thecal sac effacement, no central canal stenosis or neuroforaminal narrowing, minimal facet arthrosis; T2 signal changes in the partially visualized right sacral ala of uncertain etiology, suggest clinical correlation with physical exam findings, MRI of the pelvis may be of benefit for further characterization), current diagnoses (worsening L4-5 and L5-S1 discogenic changes, deterioration of the L4-5 and L5-S1 disc degeneration with the onset of radicular symptoms, radiculopathy/radiculitis in the bilateral lower extremities), and treatment to date (medications, activity modification, physical therapy, bracing, chiropractic, and epidural steroid injections). The April 28, 2014 medical report identifies that the patient has a substantial amount of lateral recess stenosis and because of this; any decompression would require significant bony resection

and this would render the levels completely unstable, and therefore, fusion should be performed at the same time.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (pelvis without contrast): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis, MRI (magnetic resonance imaging)

Decision rationale: The California MTUS Guidelines do not address the issue. The Official Disability Guidelines identifies documentation of osseous, articular or soft-tissue abnormalities, Osteonecrosis, Occult acute and stress fracture, Acute and chronic soft-tissue injuries, or Tumors, as criteria necessary to support the medical necessity of a hip/pelvis MRI. Within the medical information available for review, there is documentation of diagnoses of worsening L4-5 and L5-S1 discogenic changes, deterioration of the L4-5 and L5-S1 disc degeneration with the onset of radicular symptoms, radiculopathy/radiculitis in the bilateral lower extremities. However, despite lumbar spine MRI report findings consistent with T2 signal changes in the partially visualized right sacral ala of uncertain etiology, suggest clinical correlation with physical exam findings, MRI of the pelvis may be of benefit for further characterization, there is no documentation of physical exam findings of the pelvis. Therefore, based on guidelines and a review of the evidence, the request for MRI of the pelvis without contrast is not medically necessary.

Lateral Lumbar Fusion (L4-5, L5-S1 discectomy, decompression and instrumentation with neuromonitoring): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305 and 307. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Discectomy/laminectomy and Fusion (spinal)

Decision rationale: Lateral Lumbar Fusion (L4-5, L5-S1 discectomy, decompression and instrumentation with neuromonitoring)

Posterior Lumbar Fusion (L4-5, L5-S1 discectomy, decompression and instrumentation with neuromonitoring): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Discectomy/laminectomy and Fusion (spinal)

Decision rationale: The California MTUS Guidelines reference to the ACOEM Practice Guidelines identifies documentation of severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; Activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; Failure of conservative treatment; and an Indication for fusion (instability OR a statement that decompression will create surgically induced instability), as criteria necessary to support the medical necessity of laminotomy/fusion.. The Official Disability Guidelines identifies documentation of Symptoms/Findings (pain, numbness or tingling in a nerve root distribution) which confirm presence of radiculopathy, objective findings (sensory changes, motor changes, or reflex changes (if reflex present)) that correlate with symptoms, and imaging findings (nerve root compression or moderate or greater central canal, lateral recess, or neural foraminal stenosis) in concordance between radicular findings on radiologic evaluation and physical exam findings, as criteria necessary to support the medical necessity of decompression. Within the medical information available for review, there is documentation of diagnoses of worsening L4-5 and L5-S1 discogenic changes, deterioration of the L4-5 and L5-S1 disc degeneration with the onset of radicular symptoms, radiculopathy / radiculitis in the bilateral lower extremities. In addition, there is documentation of objective findings (motor changes and reflex changes), failure of conservative treatment, and an indication for fusion (a statement that decompression will create surgically induced instability). However, despite non-specific (documentation of worsening back pain, weakness in the lower extremities, radicular symptoms in the bilateral lower extremities, there is no specific (to a nerve root distribution) documentation of symptoms/findings (pain, numbness or tingling in a nerve root distribution) which confirm presence of radiculopathy. In addition, given MRI report findings consistent with L4-5 mild/moderate loss of disc height, minimal anterior thecal sac effacement, no central canal or neuroforaminal narrowing, mild facet arthrosis; L5-S1 moderate loss of disc height, minimal anterior thecal sac effacement, no central canal stenosis or neuroforaminal narrowing, minimal facet arthrosis, there is no documentation of imaging findings (nerve root compression or moderate or greater central canal, lateral recess, or neural foraminal stenosis). Therefore, based on guidelines and a review of the evidence, the request for Posterior lumbar fusion L4-5 and L5-S1 discectomy, decompression and instrumentation with neuromonitoring is not medically necessary.

Pre-Operative Medical Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back chapter, Preoperative testing

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.

Vascular surgeon: 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.

Two Assistant Surgeons: 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 (7-days): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper back chapter, Length of stay (LOS)

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.

Lumbar-Sacral Orthosis (LSO) Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back chapter

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.

Cold Therapy Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PMID: 18214217 (PubMed - indexed for MEDLINE)

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.

Bone Growth Stimulator: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and upper back chapter, Bone-growth stimulators (BGS)

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.

X-Ray (lumbar spine): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 304 and table 12-8. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back chapter

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.

CT Scan (lumbar spine): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 304 and table 12-8. Decision based on Non-MTUS Citation ODG, Low back chapter

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.