

Case Number:	CM14-0146797		
Date Assigned:	09/12/2014	Date of Injury:	02/26/2013
Decision Date:	10/15/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/09/2014

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 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 28-year-old male with a 2/26/13 date of injury, and L1-2 laminectomy, right L1-2 microforaminotomy, right L2 partial corpectomy, and L1-2 microdiscectomy and decompression of spinal canal on 5/22/14. At the time (8/4/14) of request for authorization for L3-S1 laminotomies, L1-L2 posterior fusion with instrumentation, possible adjacent levels, allograft vs. auto graft, and L1-L2 microdiscectomy, there is documentation of subjective (low back pain and left iliac crest pain radiating to buttocks and bilateral L5 dermatomal distributions) and objective (diminished sensation in the bilateral L5 dermatomal distributions and left L2 and L3 dermatomal distributions) findings, imaging findings (MRI of the lumbar spine (7/15/13) report revealed severe spinal canal stenosis at L1-2 due to central herniation of the nucleus pulposus which causes compression of the conus medularis and proximal nerve roots of the cauda equina, moderate narrowing of the spinal canal with crowding of the cauda equina at L3-4 and L4-5 due to combination of relatively mild disc bulges and very narrow congenital width of the spinal canal, central disc protrusion at L5-S1 with an annular tear abutting on the traversing left S1 nerve root, and anterior wedging of L1), current diagnoses (cauda equina syndrome and radicular pain of left lower extremity), and treatment to date (medications, acupuncture, and physical therapy). Medical reports identify that the patient has sexual dysfunction and bowel and bladder incontinence secondary to spine trauma. In addition, medical reports identify that there is abnormal movement of L1 over L2 causing symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-S1 Laminotomies: Overturned

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

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

Decision rationale: MTUS reference to ACOEM 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; and activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms, as criteria necessary to support the medical necessity of laminotomy/fusion. ODG 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 cauda equina syndrome and radicular pain of left lower extremity. In addition, given documentation of subjective (low back pain and left iliac crest pain radiating to buttocks and bilateral L5 dermatomal distributions) findings, objective (diminished sensation in the bilateral L5 dermatomal distributions and left L2 and L3 dermatomal distributions) findings, and imaging findings (moderate narrowing of the spinal canal with crowding of the cauda equina at L3-4 and L4-5 due to combination of relatively mild disc bulges and very narrow congenital width of the spinal canal and central disc protrusion at L5-S1 with an annular tear abutting on the traversing left S1 nerve root), there is documentation of disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), with accompanying objective signs of neural compromise, and activity limitations due to radiating leg pain. Therefore, based on guidelines and a review of the evidence, the request for L3-S1 laminotomies is medically necessary.

L1-L2 posterior fusion with instrumentation, possible adjacent levels, allograft vs auto graft: Overturned

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

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

Decision rationale: MTUS reference to ACOEM 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. ODG identifies documentation of Symptoms/Findings which confirm presence of radiculopathy, objective findings that correlate with symptoms and imaging findings in concordance between radicular findings on radiologic evaluation and physical exam findings, as criteria necessary to support the medical necessity of decompression/laminotomy. In addition, ODG identifies documentation of spinal instability (lumbar inter-segmental movement of more than 4.5 mm) as criteria necessary to support the medical necessity of fusion. Within the medical information available for review, there is documentation of diagnoses of cauda equina syndrome and radicular pain of left lower extremity. In addition, there is documentation of failure of conservative treatment (medications, acupuncture, and physical therapy). Furthermore, lastly given documentation of sexual dysfunction and bowel and bladder incontinence, there is documentation of objective signs of neural compromise consistent with abnormalities on imaging studies (radiculopathy). Therefore, based on guidelines and a review of the evidence, the request for L1-L2 posterior fusion with instrumentation, possible adjacent levels, and allograft vs. auto graft is medically necessary.

L1-L2 microdiscectomy: Overturned

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

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

Decision rationale: MTUS reference to ACOEM 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. ODG identifies documentation of Symptoms/Findings which confirm presence of radiculopathy, objective findings that correlate with symptoms and imaging findings in concordance between radicular findings on radiologic evaluation and physical exam findings, as criteria necessary to support the medical necessity of decompression/laminotomy. In addition, ODG identifies documentation of spinal instability (lumbar inter-segmental movement of more than 4.5 mm) as criteria necessary to support the medical necessity of fusion. Within the medical information available for review, there is documentation of diagnoses of cauda equina syndrome and radicular pain of left lower

extremity. In addition, there is documentation of failure of conservative treatment (medications, acupuncture, and physical therapy). Furthermore, given documentation of sexual dysfunction and bowel and bladder incontinence, there is documentation of objective signs of neural compromise consistent with abnormalities on imaging studies (radiculopathy). Therefore, based on guidelines and a review of the evidence, the request for L1-L2 microdiscectomy is medically necessary.