

Case Number:	CM14-0148448		
Date Assigned:	09/18/2014	Date of Injury:	09/16/2010
Decision Date:	11/03/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/12/2014

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:

The injured worker is a 41-year-old female who reported injury on 09/16/2010. The injured worker was noted to undergo a left L5-S1 decompression on 12/07/2012. The mechanism of injury was the injured worker was retrieving a pallet jack from the sidewalk when the pallet tilted and the injured worker extended her back and arm. Prior treatments included medications, chiropractic treatment, epidural steroid injections, a TENS unit, and aquatic and physical therapy. The injured worker's medications were noted include Relafen, Percocet, and previous utilization of lactulose, diazepam, Norco, Neurontin, Soma, and Ambien. The injured worker underwent electrodiagnostic studies on 01/19/2012, which revealed electrical evidence of a mild chronic L5 radiculopathy. There was no evidence of superimposed sciatic or tibial neuropathy to otherwise explain the symptoms. The injured worker underwent an MRI of the lumbar spine on 05/20/2014, which revealed the injured worker had a prior laminectomy at L5-S1. There was no recurrent or residual disc extrusion and no evidence of neural compromise. There was minimal annular bulging. At L4-5, there was minimal annular bulging with a small underlying transverse high intensity zone. At L3-4, there was minimal central disc protrusion with a transverse high intensity zone at the inferior annular attachment and midline. The documentation of 06/03/2014 revealed the injured worker's diagnosis of status post L5-S1 decompression 12/07/2012; and the treatment plan included a radiofrequency ablation of the left SI joint and a decompression at the left L5-S1 foramen. The prior physical examination dated 06/18/2014 revealed the injured worker had numbness and 0/5 anterior tibialis strength and 0/5 EHL muscle strength. The physician documented he was asking for a decompression at L5-S1 in the foramina. In the past, the physician decompressed inside the canal. The physician indicated he had to follow the L5 nerve root out and make sure it was fully decompressed as possible. As such, the request was made. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Possible Revision Laminotomy Lumbar Fusion or an artificial disk replacement w/ neural foraminotomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Low Back Chapter, Disc prosthesis

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 clear clinical signs to support the necessary surgical intervention. The MRI failed to confirm that the injured worker had nerve impingement at L5. However, the electrodiagnostic studies revealed findings of L5 radiculopathy. The request as submitted failed to indicate the level of requested surgery. Additionally, the American College of Occupational and Environmental Medicine does not address artificial disc replacement. As such, secondary guidelines were sought. The Official Disability Guidelines do not recommend disc prosthesis for the low back. There was a lack of documentation indicating the injured worker had been screened psychologically to support approval for the intervention. The request as submitted failed to indicate the level of the requested surgery. Given the above, the request for Possible Revision Laminotomy Lumbar Fusion or an artificial disk replacement w/ neural foraminotomy is not medically necessary.