

Case Number:	CM14-0161762		
Date Assigned:	10/07/2014	Date of Injury:	04/22/2002
Decision Date:	11/04/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/02/2014

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 Internal Medicine 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 58-year-old male who reported an injury on 04/22/2002. The mechanism of injury was not provided. The diagnosis included spondylosis with myelopathy lumbar region and spinal stenosis of lumbar region. The injured worker had an x-ray on 05/17/2013 which revealed he had undergone a fusion from L3-5 with hardware and interbody fusion present. The injured worker had a fusion that was solid with degenerative changes above and below the area of fusion, with particular narrowing at L5-S1. The injured worker's medication included gabapentin and tramadol. Other therapies included an epidural steroid injection on 06/12/2014 and 07/31/2014. The physician stated the injured worker had a collapsed L5-S1 disc and was fused at L3-5. The documentation indicated the injured worker had undergone an MRI on 05/27/2014. The MRI of the lumbar spine revealed at the level of L5-S1, there was a mild disc bulge. There was facet hypertrophy without significant central canal stenosis or neural foraminal stenosis. The documentation of 06/02/2014 revealed the injured worker had complaints of continued pain in his low back radiating into his right leg. The injured worker had no bowel or bladder issues and had never smoked. The injured worker had an x-ray, which was evaluated per the physician and indicated there was no central stenosis. At L5-S1, there was a collapse on the x-rays and the MRI showed the physician opined the MRI showed foraminal stenosis at L5-S1. The injured worker had tenderness to palpation over the right sciatic notch. The physician opined the injured worker had a positive Spurling's sign. The injured worker had a positive straight leg raise bilaterally at 65 degrees with some numbness over the right anterior thigh. There was no weakness in dorsi or plantarflexion. There was some evidence of numbness over the plantar aspect of the right foot intermittently. The treatment plan included an epidural steroid injection. The documentation of 09/08/2014 revealed the injured worker had an epidural steroid injection on 07/31/2014 which did not help much. The injured worker was noted to have a

collapsed L5-S1. The objective findings revealed limited range of motion to 5 degrees of flexion and extension, 10 degrees of side bending, and sciatica in bilateral legs. The documentation indicated the injured worker had failed conservative treatment. The physician opined it was necessary for a decompression and arthrodesis at L5-S1. There was a Request for Authorization for the surgical intervention dated 09/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laminectomy & Fusion L5- S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

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. There would be no necessity for Electrodiagnostic studies to support the fusion. There was a lack of documentation of spinal instability upon x-rays in flexion and extension. There was a lack of documentation of exhaustion of conservative care. It was indicated the injured worker underwent epidural steroid injections and medications. There was a lack of documentation of spinal canal stenosis on MRI to support the necessity for a fusion. Given the above, the request for laminectomy and fusion is not medically necessary.

Inpatient x 3 days: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

