

Case Number:	CM14-0176425		
Date Assigned:	10/29/2014	Date of Injury:	01/30/2008
Decision Date:	12/05/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	10/24/2014

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 56-year-old male who reported injury on 01/30/2008. The mechanism of injury was repetitive work. Prior treatments and therapies, as well as diagnostic studies, included chiropractic therapy, epidural steroid injections, physical therapy, trigger point injections, acupuncture, and surgical intervention including a right shoulder arthroscopy with subacromial decompression and debridement of the glenohumeral joint and anterior superior labrum. The injured worker underwent an MRI of the left shoulder, cervical spine, and an EMG. The documentation of 09/29/2014 revealed the injured worker had a more or less constant deep aching pain over the posterior cervicothoracic spine. The injured worker was noted to be in the office additionally for neck pain and a re-evaluation of the lower back condition. The physician documented the injured worker underwent full length standing x-rays of the spine and there was approximately 2 mm to 3 mm anterolisthesis of L4-5. The lumbar MRI revealed mild vertebral wedging and segmented kyphosis at T12-L1 and L1-2, and L5-S1 there was mild disc dissection with a 2 mm broad based disc protrusion without stenosis. The treatment plan included that the upright lateral flexion and extension views showed significant instability, and the physician opined it was likely that the moderate degree of stenosis that was evident on the MRI was much more significant when the injured worker as upright and participating in activities. The treatment plan included a reconstructive surgery at L4-5, including a posterior decompression fusion and instrumentation. The injured worker underwent an MRI of the lumbar spine on 05/19/2014, which revealed at L4-5 there was a 1 mm to 2 mm disc bulge effacing the anterior thecal sac. There was mild to moderate facet arthropathy and ligamentum flavum hypertrophy. In combination, this resulted in mild central canal stenosis with narrowing of the lateral recesses and mild bilateral foraminal stenosis. The injured worker's medications included Omeprazole 20 capsules, Gabapentin 300 mg capsules, Ibuprofen 600 mg capsules, and Tizanidine 4 mg

capsules, as well as Icy Hot. There was a detailed 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:

Posterior decompress instrumentation and fusion at L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 207.

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. The clinical documentation submitted for review failed to indicate the injured worker had failed conservative care. There was a lack of documentation indicating electrophysiologic evidence of a lesion that has been shown to be benefit in both the short and long term from surgical repair. There was a lack of documentation of objective findings upon physical examination to support the necessity for surgical intervention. There was a lack of documentation indicating nerve root impingement to support the necessity. Given the above, the request for posterior decompress instrumentation and fusion at L4-5 is not medically necessary.

[REDACTED]: Assistant surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

[REDACTED]: Neurophysiological Monitoring: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

[REDACTED]: Hospital stay times 5 days: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.