

Case Number:	CM14-0180102		
Date Assigned:	11/06/2014	Date of Injury:	11/07/2013
Decision Date:	12/10/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/29/2014

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 Surgeon, 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 53-year-old male, who reported injury on 11/07/2013. The specific mechanism of injury was not provided, however, it was indicated the injured worker had an "accident". The surgical history was not provided. There was a detailed Request for Authorization submitted for review. Documentation of 09/15/2014 revealed the injured worker had bilateral L4-5 selective nerve root blocks, which decreased his symptoms to a 4/10. The injured worker was noted to experience occasional convulsions at night with the loss of strength since his accident. The injured worker had complaints of neck pain radiating into the shoulder blades and numbness in the hands and low back pain radiating down the legs to the knees rated a 5/10 to 6/10 on VAS. The medications included Anaprox DS 550 mg tablets, Norco 10/325 mg tablets, Imitrex 50 mg tablets, Protonix DR 20 mg tablets, and Zofran 8 mg tablets. The physical examination of the lumbar spine revealed the injured worker had tenderness to palpation over the midline lower lumbar spine and over the right greater than left sacroiliac joint and sciatic notch. The injured worker had decreased sensation over the right L3-S1 and L5 dermatomes and on the left at S1. The injured worker had decreased range of motion, including 16 degrees of flexion with pain. The strength was noted to be 4/5 on the right with hip flexion, knee flexion, and testing the extensor hallucis longus. On the left, the testing of the knee flexion and knee extension revealed 4/5 strength. The straight leg raise was positive on the right at 80 degrees. The diagnoses included L4-5 foraminal stenosis and grade 1 spondylolisthesis at L4-5. The physician documented that given the instability of the injured worker's back and bilateral leg pain, the request was made for authorization for an L4-5 AP fusion with cage and instrumentation and bilateral L4-5 laminotomies and foraminotomies to treat the back and bilateral leg pain. The physician documented the injured worker had trialed and failed conservative care, including physical therapy, medications, and pain management. The

physician documented the injured worker would require an LSO brace, pneumatic intermittent compression device, postoperative physiotherapy 3 times a week for 6 weeks, and a preoperative medical clearance and chest x-ray.

IMR ISSUES, DECISIONS AND RATIONALES

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

AP Spinal Fusion At L4-5 With Cage and Instrumentation, And Bilateral Laminotomy and Foraminotomy at L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 a fusion. There was documentation that the injured worker had decreased range of motion. There was a lack of an official MRI to support the necessity for fusion. There was a lack of documentation of flexion and extension studies to support that the injured worker had instability. Given the above, the request for AP Spinal Fusion At L4-5 With Cage And Instrumentation, and Bilateral Laminotomy and Foraminotomy at L4-5 is not medically necessary.

Associated Surgical Service: Physical Therapy, Three Weekly For Six Weeks: 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Associated Surgical Service: Preoperative Medical Clearance, Including Chest X-Ray: 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Associated Surgical Service: Lumbar Sacral Orthosis Brace:

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 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.

Associated Surgical Service: Cold Therapy Unit - 30 Day Rental:

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 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.

Associated Surgical Service: Intermittent Pneumatic Compression Device: 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 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.

Associated Surgical Service: Front Wheel Walker: 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 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.

Associated Surgical Service: 3-In-1 Commode: 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 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.