

Case Number:	CM14-0182781		
Date Assigned:	11/07/2014	Date of Injury:	10/16/2012
Decision Date:	12/11/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/03/2014

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 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 39-year-old male who reported an injury on 10/16/1012. The mechanism of injury was due to a lower back injury he sustained while changing and installing toilets. The injured worker has a diagnosis of history of lumbosacral strain; presumptive lumbar disc herniation status post left L5-S1 laminectomy and discectomy in 06/2013, and progressive spondylosis with retrolisthesis and recurrent stenosis with moderate left L5 nerve root. Past medical treatment consists of surgery, physical therapy, and medication therapy. Medications include of naproxen, Prilosec, and Cyclobenzaprine. On 05/12/2014, the injured worker underwent a CT myelogram of the lumbar spine. Findings revealed a left L5 laminectomy defect. At the anterior aspect of the left facet joint, there were large facet joint osteophytes, which were contingent with left sided uncovertebral osteophytes, causing moderate stenosis of the left neural foramen and encroachment upon the traversing left L5 nerve root. There was mild disc height loss with mild vacuum phenomenon in the posterior endplate osteophytes, which were more prominent on the left. There was posterior bulging of the disc with mild indentation on the ventral portion of the thecal sac. No significant central canal stenosis. It also showed mild narrowing of the right neural foramen due to small inferior L5 endplate osteophytes. On 09/30/2014, the injured worker complained of low back pain. It was noted on physical examination that the injured worker was slightly tender to the back. Active voluntary range of motion of the thoracolumbar spine was limited. The injured worker was able for forward flex to approximately 45 degrees and extends to 10 degrees before experiencing low back pain. Lateral bending was limited to 15 degrees either direction. Straight leg raising test was mildly positive on the left at 50 degrees, negative on the right. There was diminished sensation in the dorsum of the left foot. Reflexes were diminished bilaterally. Medical treatment plan was for the injured worker to undergo additional surgery, to include anterior L5-S1 lumbar interbody fusion with

instrumentation. The rationale was not submitted for review. The Request for Authorization was submitted on 10/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior L5-S1 lumbar interbody fusion with instrumentation with an assistant surgeon and a co-vascular surgeon to help with the anterior approach as well as a pre-operative consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 209 - 211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

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

Decision rationale: The request for anterior L5-S1 lumbar interbody fusion with instrumentation with an assistant surgeon and a co-vascular surgeon to help with the anterior approach as well as a pre-operative consultation is not medically necessary. The provided documentation did not indicate that the injured worker had trialed and failed conservative treatment. It was noted that the injured worker had undergone left L5-S1 laminectomy, which, according to the injured worker, did not help. A rationale was not submitted to warrant additional surgery for the injured worker. It was noted that the injured worker had undergone physical therapy. However, it is unclear whether that was postop therapy or a form of conservative care treatment. The guidelines state that except for cases of trauma related spinal fracture or dislocation, fusion of the spine is not usually considered during the first 3 months of symptoms. They also state that there is no scientific evidence about long term effectiveness of any form of surgical decompression or fusion. The guidelines also recommend psychiatric consultations prior to spine surgery. There was no mention or indication that the injured worker had undergone a psychiatric consultation. A CT myelogram of the lumbar spine obtained on 05/12/2014 did show deficits to the injured worker's lumbar spine. However, in the absence of spinal fracture, spondylolisthesis, an anterior lumbar fusion has not proven to be warranted. Given the above, the injured worker was not within the recommended guideline criteria. As such, the request is not medically necessary.

Lumbar brace and hot/cold therapy unit with wrap: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Three to four day inpatient stay: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.