

Case Number:	CM14-0071232		
Date Assigned:	07/14/2014	Date of Injury:	05/30/2013
Decision Date:	10/02/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/16/2014

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 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 05/30/2013. The mechanism of injury was the injured worker was lifting a heavy piece of wood. The diagnosis was low back pain, lumbago. The surgical history was stated to be none. The medications were not provided. The MRI of the lumbar spine with flexion and extension dated 03/03/2014, with an official read, revealed at the level of L3-4 there was a focal central disc protrusion superimposed on diffused disc bulge and annular tear effacing the thecal sack. The spinal canal was compromised. The lateral recesses were narrowed bilaterally. There was hypertrophy of the facet joints and ligamenta flava noted. Disc material and facet hypertrophy was causing bilateral neural foraminal narrowing that effaced the left and right L3, exiting nerve root and the disc measurements were 3.1 mm in neutral, flexion 3.5 mm, and extension 3.1 mm. At the level of L4-5 there was a focal central disc protrusion superimposed on a diffused disc bulge and annular tear indenting the thecal sac. The spinal canal was stenosed. The lateral recess was narrowed bilaterally. There was hypertrophy of the facet joints and ligamenta flava. The disc material and facet hypertrophy were causing neural foraminal stenosis that encroached on the left L4 and right L4 exiting nerve roots. The disc measured 4.9 mm in neutral, 4.7 mm in flexion, and 4.9 mm in extension. At L5-S1, there was a focal central disc protrusion with annular tear effacing the thecal sac. There was right neuroforaminal narrowing without significant impingement of the exiting nerve roots. The documentation of 03/26/2014 revealed the injured worker had no improvement in his symptoms. The physical examination revealed tenderness to palpation over the paraspinal musculature. There was no tenderness to palpation over the spinous processes. There was diminished sensation over the bilateral L5 dermatomes. There were 2+ reflexes in the patella and Achilles. The physician documented the injured worker had a lumbar MRI that he reviewed and he opined the injured worker had L3-5 disc protrusions, causing stenosis. The

diagnosis was L3-5 stenosis. The treatment plan and discussion included as the injured worker had failed conservative treatment with anti-inflammatories, physical therapy, and an epidural steroid injection, the recommendation was made for a L3-5 decompression. The physician further documented because of the nature of the stenosis which extended from the lateral recess to the extra foraminal space, there may be a need to remove more than 50% of the facet, and therefore restabilization with effusion for intraoperative iatrogenic instability may be necessary, as well. As such, the request was made for an L3-5 decompression and possible fusion for iatrogenic instability if it occurred intraoperatively from a wide decompression. There was a Request for Authorization submitted for the requested procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-L5 decompression and fusion: 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. The clinical documentation submitted for review indicated the injured worker had failed conservative care and had clear, clinical findings in the bilateral L5 dermatomes. However, there was a lack of documentation indicating the injured worker had involvement of L3 and L4 dermatomes. The MRI indicated the injured worker had effacement and encroachment of the L3 and L4 nerve roots. There was spinal canal compromise at the level of L3-L4 and there was stenosis at L4-L5. There were no electrodiagnostic studies submitted for review to support the injured worker to support findings of nerve compression. Given the above and the lack of documentation, the request for L3-5 decompression and fusion is not medically necessary.