

Case Number:	CM14-0084697		
Date Assigned:	07/21/2014	Date of Injury:	11/19/2011
Decision Date:	09/22/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	06/06/2014

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 Occupational 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 patient is a 42-year-old female who has submitted a claim for degenerative disc disease L3-4 and L4-5 with rotatory scoliosis, Modic type II changes L3-4 and L4-5, cervical strain, and lumbar disc sprain associated with an industrial injury date of 08/01/2008. Medical records from 11/18/2013 to 07/21/2014 were reviewed and showed that patient complained of low back pain radiating down bilateral lower extremities, right greater than left. Physical examination revealed tenderness over L4 and L5 interspinous ligaments and lumbar paraspinal muscles. Decreased lumbar flexion ROM was noted. MMT, DTRs, and sensation to light touch of lower extremities were normal. SLR test was positive on the right leg in both supine and sitting position. CT scan of the lumbar spine dated 05/22/2013 revealed L3-4 right foraminal disc osteophyte complex, moderate right foraminal and mild central canal and mild left foraminal narrowing, L4-5 posterior disc bulge, mild central canal, and mild bilateral foraminal narrowing, and L5-S1 posterior disc bulge, mild central canal and mild bilateral foraminal narrowing. MRI of the lumbar spine dated 02/21/2014 revealed L3-S1 disc desiccation, moderate levoscoliosis, Modic type I-II endplate changes at L4-5, L3-4 disc protrusion with moderate left and mild right lateral recess and neural foraminal narrowing, and L4-5 disc protrusion with moderate left and mild right spinal and neural foraminal narrowing. Of note, there were no co-morbidities present. Treatment to date has included physical therapy and pain medications. Utilization review dated 05/08/2014 denied the request for vascular access surgeon, preoperative internal medical clearance, and disc replacement L3-4, L4-5 because the findings on the imaging studies were not of sufficient magnitude to warrant invasive treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascular Access Surgeon.: 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.

Pre-operative internal medical clearance.: 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.

Disc replacement at L3-L4, L4-L5.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (updated 3/31/14). Disc prosthesis.

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

Decision rationale: CA MTUS ACOEM Treatment Guidelines states that surgical intervention is recommended for patients who have severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; 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 failure of conservative treatment. In this case, the patient complained of low back pain radiating down bilateral lower extremities. Physical examination revealed positive SLR test on the right and normal MMT, sensation, and reflexes of lower extremities. The patient's clinical manifestations were not consistent with a focal neurologic deficit to support the presence of radiculopathy. MRI of the lumbar spine was done on 02/21/2014 with evidence of moderate L4-5 spinal canal narrowing. However, abnormalities on the MRI were not accompanied by objective signs of neural compromise. There was no documentation of activity limitations or electrophysiologic evidence of a lesion. There is no clear indication for disc replacement at this time. Furthermore, there is no evidence that all forms of

conservative management have been exhausted prior to recommending surgery. Therefore, the request for Disc replacement at L3-L4, L4-L5 is not medically necessary.