

Case Number:	CM14-0098567		
Date Assigned:	09/16/2014	Date of Injury:	11/22/2011
Decision Date:	10/21/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/26/2014

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, has a subspecialty in 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 48-year-old male who reported injury on 11/22/2011. The mechanism of injury was cumulative trauma. Prior treatments and therapies included physical therapy, medications, transforaminal epidural steroid injections, carpal tunnel release, and right knee arthroscopy. The injured worker's medications included hydromorphone ER 16 mg tablets, Zolpidem 5 mg tablets, gabapentin 600 mg tablets, omeprazole 20 mg tablets, Oxycodone/acetaminophen 10/325 mg tablets, ibuprofen 800 mg tablets, duloxetine 60 mg capsules, Tizanidine hydrochloride 4 mg capsules, tramadol 50 mg tablets, diazepam 5 mg tablets, and Viagra 100 mg tablets, as well as an Epi pen 1/1000 IM. The injured worker underwent diagnostic studies on 08/23/2013, which revealed evidence of chronic bilateral S1 radiculitis. There was no evidence of a lower extremity distal entrapment neuropathy, peripheral neuropathy, or lumbosacral plexopathy. The injured worker underwent a lumbar MRI on 12/12/2013, which revealed at the level of L1-2 through L4-5 there was disc desiccation and varying amounts of disc bulging. There was no focal herniation identified. There was no notable lateral recess or foraminal encroachment. At L5-S1, there was broad based posterior disc bulging. There was a small amount of far right lateral disc herniation which filled the lower neural foramen and may be a source of irritation of the exiting right L5 nerve root. Less prominent foraminal narrowing was present on the left. There was mild to moderate hypertrophic facet joint changes at L3-4 through L5-S1. The injured worker additionally underwent a cervical spine MRI, a left wrist MRI, and a left knee MRI on 07/01/2014. Documentation of 05/20/2014 revealed the injured worker had localized pain within the low back radiating to the left more than the right lower extremity, into the buttocks and down the posterior lateral aspect of the thigh into the calf with wrapping around the dorsum of the foot with associated numbness and burning paresthesia. None of the prior treatments had controlled

the injured worker's pain. The injured worker had decreased range of motion of the thoracolumbar spine. His straight leg raise was positive, left greater than right. Hip range of motion elicited pain. There was posterior tenderness over the lumbar spine. The testing of the motor strength showed a 4/5 in the left lower extremity at the anterior tibialis, EHL in gastric soleus with decreased sensation on the left compared to the right in the L5-S1 distributions. The injured worker had deep tendon reflexes of 2+ bilaterally at the knees and ankles. The documentation further indicated the injured worker's radiographic examination revealed degenerative scoliosis with severe lumbar spinal stenosis at L4-5 and L5-S1 with a significant reactive change within the discs and associated mode of change. The diagnoses included degenerative scoliosis and severe lumbar spinal stenosis. The treatment plan included the injured worker had undergone an extensive course of conservative treatment and had debilitating pain, and the injured worker would need a fusion at L4-5 and L5-S1. 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:

Lumbar decompression fusion to L4-S1: 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: 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. Clinicians should consider referral for psychological screening to improve surgical outcomes. The clinical documentation submitted for review indicated the injured worker had failed conservative treatment. The injured worker had objective findings upon physical examination to support that there were deficits. The dermatomal and myotomal findings were not specifically noted. The physician documentation indicated the injured worker had findings upon MRI. However, the MRI was not provided for review. The objective findings of the electrodiagnostics included findings at the bilateral S1 nerve roots. There was a lack of documentation indicating involvement of the L4-5 nerve root. Additionally, there was a lack of documentation indicating the injured worker had a psychological screening. Given the above, the request for Lumbar decompression fusion to L4-S1 is not medically necessary.

Four day inpatient hospital 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.

Labs: PTT, PT, CBC, BMP and urinalysis: 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.

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

EKG: 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.