

Case Number:	CM14-0150106		
Date Assigned:	11/25/2014	Date of Injury:	03/15/2012
Decision Date:	01/09/2015	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/15/2014

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 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 26-year-old female who reported an injury on 03/15/2012. The mechanism of injury was from lifting heavy totes. The previous treatments included medication, physical therapy, epidural steroid injections, pain management, and cognitive behavioral therapy. Diagnostic testing included an official MRI of the lumbar spine dated 08/20/2014, which revealed an 8 mm focal disc extrusion superimposed on spondylitic annular disc bulge at L5-S1 with mild central canal stenosis, spondylitic disc spur complex at L5-S1, and mild bilateral foraminal stenosis at L5-S1 secondary to discogenic osteophytes. On 08/25/2014, it was reported the injured worker complained of pain becoming worse. The pain was worse. The injured worker reported low back pain radiates into both legs. She complains of weakness and numbness in both legs. She rated her pain at 4/10 in severity with medication, and at 7/10 in severity without medication. The physical examination revealed decreased sensation in the bilateral upper and lower extremities. The injured worker had a positive straight leg raise bilaterally. The provider noted positive lumbar tenderness and muscle spasms in the paraspinal musculature. The lumbar spine range of motion was decreased 50%. The provider requested an assistant surgeon, ALDF L5-S1 with allograft, cage, plate at [REDACTED], and inpatient stay x3 days for ongoing severe neurocompression and progressive pain and deficits. A Request for Authorization was submitted and dated 08/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Assistant 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.

ALDF L5/S1 with Allograft, Cage, Plate at [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Indications for Surgery - Discectomy/laminectomy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Discectomy/ laminectomy, Fusion (spinal).

Decision rationale: The request for ALDF L5/S1 with allograft, cage, plate at [REDACTED] is not medically necessary. The California MTUS Guidelines state surgical consideration is recommended for severe and disabling lower leg symptoms, and distribution consistent with abnormalities on imaging studies, including radiculopathy, preferably with accompanying objective signs of neurocompromise, activity limitations due to radiating leg pain for more than 1 month, or extreme progression of lower leg symptoms, clear clinical imaging and electrophysiological evidence of a lesion, and failure of conservative treatment to resolve disabling radicular symptoms. The guidelines note for laminectomy and discectomies are direct methods of nerve root decompression. The guidelines note for spinal fusion, it is not usually considered during the first 3 months of symptoms. Patients with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion. There is no scientific evidence about the long term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis compared with natural history, placebo, or conservative treatment. In addition, the Official Disability Guidelines state discectomies and laminectomies are recommended after nerve root compression, L3, L4, L5 and S1 nerve root compression, imaging studies which corroborate the findings of nerve root compression, lateral disc rupture, or lateral recess stenosis, and failure of conservative therapy, including medication, activity modification, epidural steroid injections, physical therapy, manual therapy, psychological screening. In addition, the guidelines state for lumbar fusion, it should not be considered within the first 6 months of symptoms except for a fracture, dislocation, or progressive neurological loss. For the fusion, the guidelines also recommend all pain generators to be identified and treated. X-rays demonstrating spine instability, or CT and an MRI demonstrating disc pathology correlated with symptoms on the exam. The clinical documentation submitted failed to provide a recent comprehensive evaluation of the injured worker's current physical examination. There is lack of documentation of a psychological evaluation for review. Additionally, the imaging studies submitted failed to indicate spinal instability. Therefore, the request is not medically necessary.

Inpatient stay x 3 days: 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.