

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0201319 | | |
| Date Assigned: | 12/11/2014 | Date of Injury: | 08/11/2010 |
| Decision Date: | 01/30/2015 | UR Denial Date: | 11/06/2014 |
| Priority: | Standard | Application Received: | 12/02/2014 |

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 49-year-old male who reported injuries due to what was described as pedestrian versus forklift on 08/11/2010. His diagnoses were noted to include lumbar spondylosis, lumbar spinal stenosis, and lumbar radiculitis. His complaints included ongoing low back pain with radiating symptoms down both legs into the calves and plantar surfaces of both feet. A lumbar MRI on 03/18/2014 revealed only minor neural foraminal stenosis at L3-4; a disc osteophyte complex and prominent far left lateral disc protrusion up to 5 mm with borderline lateral recess stenosis and moderate to severe neural foraminal stenosis bilaterally at L4-5; and disc desiccation and loss of disc height posteriorly as well as neural foraminal stenosis, moderate to severe, at L5-S1. He received bilateral L4 and L5 epidural steroid injections on 06/19/2014. The beneficial effects from the injections lasted only 3 or 4 days and his pain level returned to pre-procedural levels. On 08/14/2014, he rated his pain level at 9/10 and indicated that his pain was radiating into both buttocks and both legs. A referral was made to a surgeon. The surgeon's note dated 10/20/2014 refers to a dictated report, but that report was not available for review. There was no rationale included in this injured worker's chart. A Request for Authorization with an illegible date was included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior lumbar decompression and interbody stabilization at L4-L5 and L5-S1: Upheld

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

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

Decision rationale: The request for anterior lumbar decompression and interbody stabilization at L4-L5 and L5-S1 is not medically necessary. The California ACOEM Guidelines note that disc herniation may impinge on a nerve root, causing irritation, back and leg symptoms, and nerve root dysfunction. The presence of a herniated disc on an imaging study however does not necessarily imply nerve root dysfunction. Studies of asymptomatic adults commonly demonstrate intervertebral disc herniations that apparently do not cause symptoms. Some studies show that pain may be due to irritation of the dorsal root ganglion by inflammogens released from a damaged disc in absence of anatomical evidence of direct contact between neural elements and disc material. Therefore, referral for surgical consultation is indicated for patients who have severe and disabling lower leg symptoms in a 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 1 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 to resolve disabling radicular symptoms. 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. 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 with any form of surgical decompression or fusion for degenerative lumbar spondylosis compared with natural history, placebo, or conservative treatment. There is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back pain in the absence of a spinal fracture, dislocation, or spondylolisthesis if there is instability and motion of the segment operated on. There was no evidence in the submitted documentation that this injured worker had participated in conservative care including physical therapy, chiropractic, and/or acupuncture treatments. There was no indication of failed trials of antidepressant or anticonvulsant medications. There were no x-rays showing instability in the lumbar spine or electrophysiologic evidence to support this surgical procedure. Therefore, this request for anterior lumbar decompression and interbody stabilization at L4-L5 and L5-S1 is not medically necessary.

Associated surgical service: 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.

Associated surgical service: 3 night 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.

Associated surgical service: lumbo-sacral orthosis (LSO) back brace: 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.