MAXIMUS Federal Services

Case Number:	CM14-0212401		
Date Assigned:	01/02/2015	Date of Injury:	08/30/2013
Decision Date:	02/28/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas
Certification(s)/Specialty: Orthopedic Surgery

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 37-year-old male who reported injury on 08/30/2013. The mechanism of injury was a fall 45 feet out of a tree he was trimming. The injured worker underwent an anterior posterior open reduction and internal fixation of the pelvis on 09/01/2013. Documentation of 12/04/2014 revealed the injured worker had worsening back pain and leg pain. The pain was noted to be radiating. The injured worker had the pain despite conservative care. The physician documentation indicated the injured worker had other injuries associated with the fall from 08/30/2013 which included a distal radius fracture of the left wrist, a comminuted scapular fracture of the left shoulder, a nondisplaced fracture of the ribs which caused a pneumothorax on the left side and was treated conservatively, a fracture of the left transverse process at L2-3, a pelvic sacroiliac joint diathesis on the left side with symphysis pubis disruption and sacral fractures extending inferiorly into the body of S4 and into the lamina of S1 and was status post plating of the pubic symphysis and placement of sacral screws on 09/01/2013. Physical examination revealed the injured worker had pain to palpation of the lumbar spine at L5-S1 with palpable paraspinal muscle spasms. The injured worker had decreased range of motion. The range of motion was noted to be limited secondary to pain. The bilateral extensor hallucis longus muscle group strength was 4/5. Sensation was intact to the bilateral lower extremities. Deep tendon reflexes were 1+ at the bilateral Achilles tendons and 2+ at the bilateral knees. The straight leg raise was negative on the left, however, on the right side the injured worker had radiating pain into the right calf. The injured worker had a positive faber test bilaterally. The injured worker had positive pain with distraction and compression of the sacroiliac joints. The

physician documented he reviewed the MRI of 10/16/2014 followed by a CT scan of the lumbar spine on 10/16/2014, and x-rays of the lumbar spine on 10/16/2014. The physician documented the CT demonstrated spondylolysis and opined his interpretation was completely different than the reading radiologist. The MRI was reviewed by the physician and indicated the injured worker had facet arthropathy at L5-S1 moderate to severe with some degree of capsulitis asymmetric including L4-5. There were discogenic changes at L1-2 and T12-L1 with loss of disc space and height. There were no disc protrusions. On flexion and extension x-rays it was noted that 1 could clearly appreciate the spondylosis L5-S1 and the physician indicated he disagreed with the radiologist. Additionally, the physician opined there was a suggestion of foraminal stenosis at L5-S1. The diagnosis included spondylolysis at L5-S1, likely chronic and that due to the magnitude of the injury it was the likely source of pain. The injured worker was noted to be unresponsive to more than 6 months of conservative care including physical therapy, medications, modification of activities and injections. Additional diagnoses included radiculitis and radiculopathy at the bilateral lower extremities, likely the result of L5-S1 nerve root irritation. The treatment plan included surgical intervention of a fusion stabilization and decompression at L5-S1 interior and posterior. The x-ray of the lumbar spine on 12/04/2014 with an official read revealed old nonunited pars defect at L5, no significant spondylolisthesis, and no mechanical instability. MRI of the lumbar spine official read revealed it was an unremarkable study. CT of the lumbar spine on the same date revealed a negative examination. There was no 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:

Staged anterior/posterior L5-S1 fusion, discectomy and decompression with instrumentation: 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, Lumbar and Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), 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 failed to provide documentation of imaging and electrodiagnostic evidence to support the need for surgical intervention. The injured worker had objective findings upon physical examination. However, there was a lack of clarification to support that the injured worker had findings upon MRI and x-ray as the official

reports failed to provide objective findings. Given the above, the request for staged anterior and posterior L5-S1 fusion, discectomy, and decompression with instrumentation is not medically necessary.

Associated surgical service: Lumbar 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.

Associated surgical service: Bone Growth Stimulator: 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.