

Case Number:	CM14-0213116		
Date Assigned:	12/30/2014	Date of Injury:	12/02/2013
Decision Date:	02/27/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/19/2014

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 58-year-old male who reported injury on 12/02/2013. The mechanism of injury was a trip and fall. The diagnoses included displacement of lumbar intervertebral disc without myelopathy, spinal stenosis of lumbar region without neurogenic claudication. Prior therapies included physical therapy, medication, massage, heat, ultrasound, ice, and bed rest. The medications included metformin, hydrochloride, glipizide, atorvastatin calcium, lisinopril, and Lyrica. The official MRI read on date of service 06/24/2014 revealed the injured worker had a 7 mm grade 1 anterolisthesis of L4 on L5 secondary to severe osteoarthritis of the L4-5 facet joints. The injured worker had moderate bilateral neural foraminal narrowing with contact with both exiting L5 nerve roots in the neural foramina at the L5-S1 level. There was mild canal stenosis with moderate narrowing of the bilateral lateral recesses, moderate to severe right neural foraminal narrowing and mild left neural foraminal narrowing with contact of both L5 nerve roots in the lateral recesses and the exiting right L5 nerve root in the neural foramen. There were degenerative changes and mild levoscoliosis of the lumbar spine with the apex centered at L4 level with a Cobb angle of 10 degrees. The documentation of 10/10/2014 revealed there was no loss of bowel or bladder control. The injured worker had noncontributory surgeries. The injured worker was not a smoker. The injured worker was noted to have complaints of generalized weakness and difficulty in his sex life. The physical examination revealed decreased range of motion. The injured worker's gait was within normal limits. The injured worker had no reflexes in the bilateral knees or ankles. The injured worker had positive femoral stretch on the left thigh and a positive log roll on his back. The injured worker had tenderness to palpation. The injured

worker had gluteal area tenderness bilaterally. The sensation was within normal limits and the strength on the bilateral lower extremities was within normal limits. The physician opined with review of the injured worker's MRI, there were degenerative disc changes throughout the lumbar spine with loss of T2 weighted signal. At the level of L4-5, the injured worker had a grade 1 spondylolisthesis and moderate stenosis with foraminal narrowing bilaterally. It was worse on the left side. The treatment plan included a lumbar decompression and fusion at L4-5. 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:

Lumbar decompression and fusion at 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, Low Back

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. The clinical documentation submitted for review indicated the injured worker had failed conservative care. There were objective findings included no reflexes. The MRI had objective findings of nerve impingement. However, there was a lack of documentation of electrophysiologic evidence to support the need for surgery. Additionally, a fusion would not be necessary as a discectomy at 1 level would not create iatrogenic instability. There was a lack of documentation indicating the injured worker had moderate to severe spinal canal stenosis. Given the above, the request for lumbar decompression and fusion at L4-5 is not medically necessary.

Associated surgical service: Physical therapy 2 x 8 for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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 medical necessary.

