MAXIMUS Federal Services

Case Number:	CM15-0174499		
Date Assigned:	09/16/2015	Date of Injury:	06/26/2014
Decision Date:	10/16/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/04/2015

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: California, Oregon, Washington
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 29 year old female who sustained an industrial injury on 6-26-2014. A review of medical records indicates the injured worker is being treated for adult lytic spondylolisthesis and lumbar radiculopathy at L5. Medical records dated 8-5-2015 reports pain is a 7 out of 10. Her pain limits her activities of daily living. She was also having numbness in both her arms. Physical examination noted sensory decline in the L5 nerve root distribution and lateral aspect of her calf and within the first dorsal interspace. She had mild weakness in the dorsiflexors and great toe extensor consistent with weakness of the L5 nerve root. Treatment has included medications and injection. Diagnostic imaging revealed pars defect at L5, grade 1 spondylolisthesis of L5 on S1 with associated vacuum sign, which really clearly demonstrates failure of the disk and symptoms consistent with her complaints. The Utilization review form dated 8-13-2015 noncertified lumbar caudal epidural with Pars injection at the bilateral L5-S1, total of 9 units, trigger point injection of the lumbar spine, and anterior lumbar interbody fusion of the L5-S1 with posterior stabilization.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar caudal epidural with pars injection at bilateral L5-S1, total of 9 units: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, page 46, "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." Specifically the guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition, there must be demonstration of unresponsiveness to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In this case, the exam notes cited do not demonstrate a failure of conservative management. Therefore, the determination is for non-certification and the request is not medically necessary.

Trigger point injection of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, Trigger point injections, page 122 states, "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain. Trigger point injections with an anesthetic such as bupivacaine are recommended for non-resolving trigger points, but the addition of a corticosteroid is not generally recommended. Physical examination must document a twitch response on palpation with referred pain. There must be no physical exam, imaging or electrodiagnostic evidence of a possible radiculopathy." In this case, the exam notes from 8/5/15 demonstrate no evidence of myofascial pain syndrome. Therefore, the determination is for non-certification and the request is not medically necessary.

Anterior lumbar interbody fusion of L5-S1 with posterior stabilization: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, AMA Guides.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Fusion (spinal).

Decision rationale: The ACOEM Guidelines Chapter 12 Low Back Complaints page 307 state that lumbar fusion, "Except for cases of trauma-related spinal fracture or dislocation, fusion of the spine is not usually considered during the first three months of symptoms.

Patients with increased spinal instability (not work-related) after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion." According to the ODG, Low back, Fusion (spinal) should be considered for 6 months of symptoms. Indications for fusion include neural arch defect, segmental instability with movement of more than 4.5 mm, revision surgery where functional gains are anticipated, infection, tumor, deformity and after a third disc herniation. In addition, ODG states, there is a lack of support for fusion for mechanical low back pain for subjects with failure to participate effectively in active rehab pre-op, total disability over 6 months, active psych diagnosis, and narcotic dependence. In this particular patient, there is lack of medical necessity for lumbar fusion, as there is no evidence of segmental instability greater than 4.5 mm, severe stenosis or psychiatric clearance from the exam note of 8/5/15 to warrant fusion. Therefore, the determination is non-certification for lumbar fusion and the request is not medically necessary.