

Case Number:	CM15-0032941		
Date Assigned:	02/26/2015	Date of Injury:	01/29/2013
Decision Date:	05/07/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/23/2015

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

Certification(s)/Specialty: Pediatrics, Neurological 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 53-year-old female who reported injury on 01/29/2013. The mechanism of injury was a slip and fall. The injured worker underwent epidural steroid injections. The injured worker underwent an MRI of the lumbar spine with and without contrast on 10/14/2014, which revealed at the level of L5-S1 there was a moderate broad based disc bulge at L5-S1 with a small annular fissure; there was no significant central spinal stenosis; there was moderate right and moderate to severe left neural foraminal stenosis; this was exacerbated by the mild ligamentum flavum hypertrophy and facet arthropathy; there was abutment of the exiting bilateral L5 nerve roots; the disc slightly abutted the transversing right S1 nerve root; there was no central spinal stenosis; the AP diameter of the spinal canal measured 12 mm. There was a Request for Authorization dated 01/22/2015. The documentation of 01/20/2015 revealed that the injured worker was unable to walk without a walker for fear of the right leg giving way. The injured worker was noted to have chills and shocking pains in the back making her legs want to give out, right greater than left. The injured worker's pain included constant tingling and numbness in the right leg since her fall. The injured worker was noted to be a current, every day smoker. The medication included ibuprofen IB, Vicodin, tramadol and hydrocodone/acetaminophen. The surgical history was noncontributory. The injured worker underwent an MRI of the lumbar spine, which the physician opined there was no listhesis. The physical examination revealed sensation diminished in all dermatomes in the right leg compared to the left. There was no clonus. Flexion and extension were not tested. The injured worker was unable to weight bear on the right and declined to walk without her walker. In the sitting

position, the injured worker had a positive straight leg raise on the right at 75 degrees. Reflexes were trace at the knees and trace at the ankles. Resistance testing was painful and the injured worker was reluctant to try hard, but there was no gross weakness. The diagnoses included chronic subacute low back pain and right leg pain, right lumbar radiculopathy, advanced degenerative disc L5-S1 with herniation and moderate degenerative facet disease. The treatment plan included surgical intervention including a lumbar fusion at L5-S1. The documentation of 02/09/2015 revealed the injured worker had low back pain and had numbness and weakness of the legs. Physical examination revealed decreased range of motion with back flexion, extension and lateral flexion, pain with back flexion and extension. The injured worker had crepitus, tenderness, and effusion in the left sacral lower lumbar and possible SI joint pain upon the heel and toe walk, anterior flexion to knees. The injured worker had spasms. The injured worker had subjective pain to the bilateral legs, posterior thighs and down the legs to the feet. The diagnoses included discogenic syndrome and lumbar disc herniation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior left interbody fusion at L5-S1 with spacer, bone graft and plating: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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. Additionally, there is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. There would be no necessity for electrodiagnostic studies. There was a lack of documentation of instability and motion in the requested segment as per flexion and extension studies. Additionally, the injured worker was noted to be a smoker, which would interfere with fusion. There was a lack of documentation indicating there had been a discussion regarding cessation of smoking for at least 6 weeks prior to the requested surgical intervention and for the healing process after the intervention. Given the above, the request for anterior left interbody fusion at L5-S1 with spacer, bone graft and plating is not medically necessary.

Posterior lumbar fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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. Additionally, there is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. There would be no necessity for electrodiagnostic studies. There was a lack of documentation indicating the injured worker had spondylolisthesis. There was a lack of documentation of instability and motion in the requested segment. Additionally, the injured worker was noted to be a smoker, which would interfere with fusion. There was a lack of documentation indicating there had been a discussion regarding cessation of smoking for at least 6 weeks prior to the requested surgical intervention and for the healing process after the intervention. The request as submitted failed to indicate the levels to be fused. Given the above, the request for posterior lumbar fusion is not medically necessary.

Pre-op lumbar CT scan: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The American College of Occupational and Environmental Medicine indicates that if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of imaging testing to define a potential cause including computed tomography for bony structures. The clinical documentation submitted for review failed to provide the necessary for surgical intervention, as such there would be no necessity for a preoperative lumbar CT scan. Given the above, the request for preop lumbar CT scan is not medically necessary.