

Case Number:	CM15-0034549		
Date Assigned:	03/02/2015	Date of Injury:	07/14/2014
Decision Date:	05/07/2015	UR Denial Date:	02/09/2015
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: Oregon, California
 Certification(s)/Specialty: 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 45-year-old male who reported an injury on 07/14/2014. The mechanism of injury was not provided. The documentation indicated the injured worker was a full time smoker. Prior conservative treatment included physical therapy, medications, and work modification. There was a Request for Authorization submitted for review dated 01/29/2015 for the Appeal. The documentation indicated the injured worker had a progressive collapse of L4-5 and L5-S1 and had spinal instability in a cephalocaudal direction. The injured worker underwent an MRI of the lumbar spine without contrast on 09/12/2014, which revealed at L4-5 there was a 5 mm broad disc osteophyte complex with moderate decreased disc height loss eccentric to the right, disc desiccation and chronic type 2 endplate change eccentric to the right contributing to moderate right sided and mild left sided neural foraminal narrowing into mild to moderate bilateral subarticular zone stenosis encroaching upon the bilateral descending L5 nerve roots. The central spinal canal was patent. There was minimal bilateral reactive facet arthropathy. At L5-S1, the disc demonstrated a 4 mm broad disc osteophyte complex moderate to severe with decreased disc height loss, chronic type 2 endplate change and thinned bilateral L5 pars interarticularis regions with a focal nondisplaced cleft on the right. There was no evidence of spondylolisthesis. The marginal osteophytosis contributed to mild bilateral foraminal narrowing and to mild bilateral subarticular zone stenosis, the central canal was patent. The impression included mild to moderate L4-5 and mild bilateral L5-S1 subarticular stenosis due to chronic marginal osteophytosis and mild bilateral reactive facet arthropathy at L4-5. The documentation of 12/15/2014 revealed the injured worker complained of incapacitating back pain and bilateral

radicular symptoms in the lower extremities. The range of motion was severely limited secondary to pain. The injured worker had a positive straight leg raise bilaterally with decreased sensation in the L5-S1 distribution bilaterally. The most recent x-rays revealed progressive clefts at L4-5 and L5-S1 disc space. The physician opined the MRI revealed severe foraminal stenosis bilaterally at L4-5 and L5-S1. The treatment recommendation was for an anterior lumbar decompression and anterior interbody stabilization retroperitoneal exposure L4-5 and L5-S1.

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 Retroperitoneal Exposure L4-5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 306, 310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

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 failed to provide documentation of specific objective findings to support the necessity for decompression. There was a lack of documentation of electrophysiologic evidence. Additionally, the injured worker was noted to be a smoker. There was a lack of documentation indicating the injured worker had an intention to stop smoking for 6 weeks prior to the intervention, as well as during the healing process. The physical examination failed to provide instability upon examination. The x-rays indicated the injured worker had progressive collapse at L4-5 and L5-S1 disc spaces. The physician opined the MRI revealed severe foraminal stenosis bilaterally at L4-5 and L5-S1. However, the official MRI failed to support this statement. Given the above and the lack of documentation, the request for anterior lumbar decompression and interbody stabilization retroperitoneal exposure L4-5 and L5-S1 is not medically necessary.

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.

3 day inpatient 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.

LSO back brace for purchase: 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.