

Case Number:	CM15-0034945		
Date Assigned:	03/03/2015	Date of Injury:	06/12/2010
Decision Date:	05/13/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/24/2015

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: 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 06/12/2010. Specific mechanism of injury was not provided. Prior therapies include physical therapy, medications, chiropractic care, and acupuncture. The documentation indicated the injured worker underwent x-rays of the lumbar spine which on 12/08/2014 with bone on bone erosion and significant disc space height collapse at L5-S1 and L4-5 causing instability resulting in severe abnormalities. The injured worker underwent an ACDF of the cervical spine. The MRI of the lumbar spine dated 10/02/2013 with an addendum dated 07/07/2014 revealed the disc height at L4-5 was maintained. There was partial dehydration of the disc. There was a 3 mm posterior disc protrusion with an annular tear posteriorly related to the left posterolateral aspect of the disc. There was encroachment of the thecal sac on the foramina. There was no compromise of the traversing nerve roots. There was compromise of the exiting nerve roots. The facet joint was satisfactory. The original document of 10/02/2013 revealed at the level of L4-5 the disc height was maintained. There was partial dehydration of the disc. There was a 3 mm posterior disc protrusion with an annular tear posteriorly related to the posterolateral aspect of the disc. There was encroachment of the thecal sac but not on the foramina. There was no compromise of the traversing nerve or exiting nerve roots. The facet joints were satisfactory. At L5-S1, there was a 3 mm to 4 mm pseudo and/or true retrolisthesis. There was 70% decrease of the disc height. There was dehydration of the disc. There was encroachment on the epidural fat. There was a 4 mm to 5 mm posterior disc protrusion with an annular tear in relation to the left paracentral posterior aspect of the disc. There were modic changes in the adjacent vertebral body endplates.

There were arthritic changes in the left joint but not the right facet joint. There was no compromise on the traversing nerve roots. There was encroachment on the foramina with bilateral acquired foraminal stenosis and compromise of the exiting nerve roots bilaterally. There was noted to be no retrolisthesis at L4-5 and there was retrolisthesis at L5-S1 of 3 mm to 4 mm. The injured worker underwent an EMG/NCV which revealed no indicators of acute cervical and lumbar radiculopathy. There was no entrapment neuropathy in the lower extremities. The most recent physician documentation was dated 08/18/2014. The official examination revealed the injured worker had tingling and numbness in the lateral thigh, anterolateral leg, and foot and posterior leg and lateral foot correlating with an L5 and S1 dermatomal pattern. There was noted to be 4/5 strength in the EHL and ankle plantar flexors. The diagnoses included lumbar discopathy. The treatment plan included surgical intervention. The specific surgery being requested was not provided. 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:

L4-S1 posterior lumbar interbody fusion (PLIF) with instrumentation and possible reduction of listhesis: 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. Clinicians should consider referral for psychological screening to improve surgical outcomes. There would be no need for electrodiagnostic studies to support a fusion. The clinical documentation submitted for review failed to provide documentation of flexion and extension studies. The specific documentation requesting the lumbar spine surgery and the rationale were not provided. There was a lack of documentation of a failure of conservative care. There was a lack of documentation indicating the injured worker had undergone a psychological screening. Given the above, the request for L4-S1 posterior lumbar interbody fusion (PLIF) with instrumentation and possible reduction of listhesis is not medically necessary.

2 to 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.