

Case Number:	CM15-0039251		
Date Assigned:	03/09/2015	Date of Injury:	02/28/2012
Decision Date:	05/07/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	03/02/2015

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 38-year-old female who reported an injury on 02/28/2012. The mechanism of injury was not provided. Her diagnoses include chronic right low back, right buttock, and right lower extremity pain and numbness. Right L5-S1 disc bulge and disc bulge at L1-2 and L2-3. The injured worker has had previous physical therapy visits, medications for pain, as well as a L5-S1 transforaminal block that was counterproductive. There was no documentation of any surgical history. The injured worker continues to have severe low back pain and right leg pain. The injured worker noted that her back pain is equally severe to her right buttock and posterior thigh pain. The injured worker noted that she has pain relief with Norco, leaning forward, sitting, stretching, ice, massage, or heat. The injured worker's x-rays note a slight narrowing of the L5-S1 disc space. Her MRI from 04/23/2014 notes right sided L5-S1 disc herniation with dorsal displacement of the right S1 nerve root. The EMG from 05/12/2014 showed electrophysiological evidence of a right S1 radiculopathy. The physical exam on 01/26/2015 noted that there was tenderness over the right sciatic notch. There was decreased sensation of the right L5 dermatome. Her lumbar flexibility was normal. The sciatic nerve stretch was positive on the right side at 60 degrees. Deep tendon reflexes were 1+ at the knees and her ankle deep tendon reflex was absent on the right and 1+ on the left. She had 5/5 strength in the lower extremities. The injured worker takes Norco when needed. The treatment plan was for the injured worker to receive an anterior L5-S1 discectomy. If the segment appeared to be unstable following the disc removal and decompression at L5 and S1 nerve roots, they may be

combined with an interbody fusion using a PEEK implantable cage filled with bone morphogenic protein or iliac crest bone graft.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Lumbar L5-S1 Discectomy with Possible Interbody Fusion Using PEEK Cage Filled with Right Iliac Crest Bone Graft or Bone Morphogenic Protein: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Discectomy/laminectomy, Fusion (spinal).

Decision rationale: The injured worker had severe back pain that was equally painful to right buttock and posterior thigh pain. She does get pain relief with Norco, leaning forward, sitting, stretching, ice, massage, or heat. She had a positive sciatic nerve stretch on the right side at 60 degrees. There are deep tendon reflexes noted at 1+ at the knees and her ankle reflexes were absent on the right and 1+ on the left. There was decreased sensation of the right L5 dermatome. The MRI notes L5-S1 degenerative spondylosis with a right paracentral disc herniation and right L5 and S1 nerve root compression. The California Medical Treatment Guidelines ACOEM notes that patients with increased spinal instability after surgical decompression at the level of degenerative spondylosis may be candidates for fusion. The Official Disability Guidelines note that a fusion may be performed after the patient has demonstrated spinal instability on x-rays or a CT myelogram. There also needs to be a psychosocial screen with confounding issues addressed. The injured worker would meet criteria for discectomy; however, the injured worker does not meet criteria guidelines for a spinal fusion. There was no documentation of a psychosocial screen being performed. There is also no documentation of the injured worker having any instability on an x-ray. Therefore, the request for anterior lumbar L5-S1 discectomy with possible interbody fusion using PEEK cage filled with right iliac crest bone graft or bone morphogenic protein is not medically necessary.

Inpatient hospital stay three (3) days: 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.

