

Case Number:	CM15-0040704		
Date Assigned:	03/10/2015	Date of Injury:	06/16/2014
Decision Date:	05/11/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/03/2015

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 06/16/2014. The mechanism of injury was moving a water heater. The injured worker's treatments include pain medication, a previous lumbar discectomy and laminectomy in 1984 and physical therapy. His diagnoses include low back pain, moderate foraminal narrowing at the L4-5 and degenerative disc disease at L4-5 and L5-S1. The MRI of the lumbar spine on 06/27/2014 notes significant L4-5 moderate narrowing of the disc space and a moderate broad based disc bulge. There was moderate facet arthropathy at that level with moderate bilateral foraminal narrowing. There were postoperative changes of L5-S1 with laminectomy and discectomy. The injured worker complained of lower back pain and lower extremity weakness. He noted the pain was a 7/10 to 8/10. He also stated that the left leg occasionally gives out on him. The injured worker noted that he takes several pain medications a day and his pain worsened with walking, sitting or bending. The physical exam from 01/30/2015 noted that the injured worker has diminished perception of light touch in the left lateral shin and bottom of the left foot. There is 4/5 left dorsiflexion and plantar flexion strength. There was an absent left ankle deep tendon reflex. There was mild tenderness to palpation in the mid lumbar spine. The treatment plan was for the injured worker to have a decompression surgery and redo a discectomy with facetectomy and foraminectomy at these levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal lumbar interbody fusion L4-5, discectomy L5-S1, inpatient, 3 day length of stay: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 201-204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

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 has decreased sensation of light touch in the left lateral shin and bottom of the left foot. The left dorsiflexion and plantar flexion strength is 4/5. There was tenderness to palpation in the mid lumbar spine as well as an ankle reflex that is absent. The MRI from 06/27/2014 notes L4-5 moderate narrowing of the disc space and a moderate broad based disc bulge. There was moderate facet arthropathy at this level with moderate bilateral foraminal narrowing. The California Medical Treatment Guidelines/ACOEM note that patients may be referred for surgery after failing all conservative treatment to resolve disabling radicular symptoms. Patients with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion. The Official Disability Guidelines note that patients must have a psychosocial screen to address confounding issues before a lumbar fusion. There needs to be x-rays demonstrating spinal instability and an MRI demonstrating disc pathology that correlates with symptoms and exam findings. There is no documentation that demonstrates the injured worker having spinal instability. There is also no documentation the injured worker having received a psychosocial screen. Therefore, the request for transforaminal lumbar interbody fusion L4-5, discectomy L5-S1, inpatient, 3 day length of stay is not medically necessary.

Associated surgical service: Assistant: 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.

Associated surgical service: Aspen LSO lumbar brace: 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.