

Case Number:	CM15-0041578		
Date Assigned:	03/11/2015	Date of Injury:	03/25/2014
Decision Date:	05/11/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/04/2015

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 56-year-old female who reported an injury on 03/25/2014. The mechanism of injury was continuous trauma through repetitive physical activity. The diagnoses included low back pain, lumbar disc displacement, and radiculopathy. The injured worker underwent an MRI of the lumbar spine on 05/28/2014, which revealed mild multilevel disc height loss and disc desiccation with posterior annular fissure at L4-5, contributing to pain. There was mild spinal canal stenosis and there was moderate right L4-5 and mild left L3-4 through L5-S1 neural foraminal narrowing. The injured worker underwent an x-ray of the lumbar spine on 03/25/2014, which revealed degenerative disc disease with spurs at several intervertebral spaces. There was no fracture or evidence of fracture, or subluxation. The documentation of 08/21/2014 revealed the prior therapies included physical therapy. The injured worker was noted to have constant pain the low back that was aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting, prolonged standing, and walking multiple blocks. The injured worker had a history of hypertension. The injured worker was not taking medications. The injured worker was noted to be a smoker of approximately 10 cigarettes per day. The physical examination of the lumbar spine revealed a positive seated nerve root. There was radicular pain in the lower extremities, right greater than left. The physician opined it was the L5-S1 roots and dermatomes. Sensation and strength was noted to be within normal limits. The injured worker underwent an x-ray of the lumbar spine in flexion and extension, which revealed disc space height collapse in the distal lumbar segments, most pronounced at the level of L5-S1, and L4-5 with instability. The diagnoses included lumbar discopathy. The documentation of 01/08/2015 revealed the injured

worker had pain that was radiating into the right leg. There was paresthesia and numbness, as well as weakness. The physical examination revealed paralumbar spasms that were 2+, and tenderness to palpation on the right. The injured worker had atrophy in the quadriceps on the right. On forward flexion, the injured worker was able to reach the knees. The injured worker had decreased range of motion. The straight leg raise was positive at 40 degrees on the right. Sensation to light touch was decreased on the right in the lateral thigh, and motor strength of the lower extremities measured 5/5. The diagnoses included low back pain, lumbar disc displacement, and lumbar radiculopathy. The follow-up was noted to be as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Reduction of Listhesis and Realignment of Junctional Kyphotic Deformity: Upheld

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

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 necessity for electrodiagnostic studies to support a fusion. There was a lack of documentation of psychological screening. The injured worker was noted to be a smoker. There was a lack of documentation of cessation of smoking. Smoking can interfere with healing. There was a lack of documentation of a failure of conservative care. The specific conservative care was not provided. There was no specific physician documentation requesting the surgical intervention. The clinical documentation submitted for review indicated the injured worker had objective findings upon x-ray to support the necessity for the requested services. The request as submitted failed to indicate the specific levels for the requested service. Given the above, the request for reduction of listhesis and realignment of junctional kyphotic deformity is not medically necessary.

Pre-Operative Medical Clearance with Internist: 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.

In-patient Stay (2-3 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.

L4-S1 Posterior Lumbar Interbody Fusion with Instrumentation: Upheld

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

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 is no necessity for electrodiagnostic studies to support a fusion. There was a lack of documentation of psychological screening. The injured worker was noted to be a smoker. There was a lack of documentation of cessation of smoking. Smoking can interfere with healing. There was a lack of documentation of a failure of conservative care. The specific conservative care was not provided. There was a lack of documentation of MRI findings to support the necessity for fusion. There was mid disc height loss per the official MRI. Given the above, the request for L4-S1 posterior lumbar interbody fusion with instrumentation is not medically necessary.

