

Case Number:	CM14-0148251		
Date Assigned:	09/18/2014	Date of Injury:	10/12/2006
Decision Date:	10/21/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/11/2014

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. The expert reviewer is Board Certified in Orthopedic Spine Surgeon and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 41-year-old male who reported injury on 10/12/2006. The mechanism of injury was not provided. Prior surgical history included an L4-5 discectomy in 2002 and an L5-S1 discectomy in 2006. Prior therapies included activity modifications, NSAIDS, Lyrica, physical therapy, chiropractic care, ice, heat, and injections. The injured worker was noted to be a nonsmoker. The injured worker underwent an MRI of the lumbar spine without contrast on 07/07/2014 which revealed there was disc degeneration that was mild to moderate at L4-5 and was mild at L5-S1. At L4-5 there was a very large disc extrusion centered in the left paramedian position migrating 26 mm below the L5 superior endplate almost reaching the inferior endplate. There was no hypertrophic facet degenerative joint disease. There was severe lateral recess stenosis near the left L5 nerve root. The central canal stenosis was mild with a midline AP diameter of 9 mm. There was moderate left foraminal disc bulging. Foraminal stenosis was mild to moderate on the left. At L5-S1 there was a moderate right paramedian disc extrusion extending 8 mm posteriorly and migrating beyond the adjacent endplates with a vertical span of 10 mm. There was no hypertrophic facet degenerative joint disease. There was mild to moderate right lateral recess stenosis near the S1 nerve root. The right S2 nerve root was mildly displaced intrathecally. There was no central canal stenosis. Foraminal stenosis was mild on the left. The documentation of 08/19/2014 revealed the injured worker had low back pain that was worse than the lower extremity radiculopathy. The injured worker had the same symptoms for many years and described the pain as constant and intermittent worsening. The physical examination revealed injured worker had a positive straight leg raise in the bilateral lower extremities with L5-S1 dermatomal pain. The injured worker was visibly uncomfortable when sitting in the office and shifting for position of relief. The sensory examination with light touch and proprioception revealed deficits in L5 greater than S1 dermatomes. The injured worker's

lower extremity strength was 5/5. The documentation indicated the injured worker had x-rays in 06/2014 but did not have images for review. The injured worker had the MRI of the lumbar spine on 07/07/2014 which per the physician documentation revealed at L4-5 and L5-S1 there was severe intervertebral collapse with disc desiccation. The treatment plan included a bilateral L4-5 and left L5-S1 with artificial disc replacement at L4-S1. 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:

Bilateral L4-5, L5-S1 microdecompression and artificial disc replacement L4-S1 at [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288, 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back- Lumbar & Thoracic (Acute & Chronic)

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 indicated the injured worker had extensive conservative care. There was a lack of documentation of a failure of conservative care. There was a lack of documentation of electrophysiologic evidence revealing myotomal and dermatomal deficits. Additionally, the objective findings were at the level of L5-S1 and did not include deficits at the level of L4-5. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for bilateral L4-5, L5-S1 microdecompression and artificial disc replacement L4-S1 at [REDACTED] is not medically necessary.

Pre-op medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 edition, pages 92-93

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Vascular 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.