

Case Number:	CM14-0173031		
Date Assigned:	10/23/2014	Date of Injury:	03/28/2012
Decision Date:	11/25/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/20/2014

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 45-year-old male who reported injury on 03/28/2012. The documentation of 09/11/2014 revealed the mechanism of injury was the injured worker was lifting 3 level scaffolding at work and hurt his back. The injured worker developed foot drop since that time and had a posterior spinal fusion with instrumentation and posterior lumbar interbody fusion from L4 through S1. The injured worker had hardware removed and had persistent symptoms. The last surgical intervention was noted to take place on 10/22/2013. The injured worker complained of numbness and tingling going down to the left big toe in the L5 distribution. On the physical examination, the injured worker had weakness with dorsiflexion of the right leg. There was decreased sensation of S1. There was severe numbness of the L5 and L4 distribution. There was a positive straight leg raise in the right on the lower extremity. The pain went to the thigh and just to the knees. The injured worker indicated the numbness and tingling went to the bottom of the feet and weakness in the legs. The injured worker underwent an MRI of the lumbar spine on 04/29/2014 which revealed at the level of L2-3 there was mild disc space height reduction at this level with disc desiccation. There was a 2.5 to 3 mm broad based posterior disc protrusion most pronounced centrally resulting in mild effacement of a ventral subarachnoid space. There was a thin 2 mm curvilinear annular fissure at the posterior L2-3 disc margin. At L4-5, the intervertebral disc space was within normal limits. There was a mild 2 mm far left posterolateral disc bulge without significant neural impingement. The injured worker underwent a CT of the lumbar spine on 04/29/2014 which revealed at the level of L2-3 there was a mild disc height reduction and a 2 to 3 mm broad based posterior disc bulge most pronounced centrally that resulted in mild effacement of the ventral subarachnoid space. At the level of L3-4, the intervertebral disc space appeared within normal limits. There was a mild 2.5 mm far left posterolateral disc bulge that did not significantly impinge. The documentation of 09/11/2014

further indicated the injured worker underwent an EMG nerve conduction study showing findings of L4, L5 and S1 radiculopathy. The treatment plan included a laminectomy and posterior spinal fusion with instrumentation and PLIF from L2 through L4 and laminectomy from possibly L2 through S1 as well. 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:

Posterior Spinal Fusion with Instrumentation at L2-L3, L3-L4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 failed to indicate the injured worker had undergone psychological screening. There were objective findings of radiating leg pain. However, there was a lack of documented instability on flexion and extension studies to support the necessity for a fusion. There would be no necessity for electrophysiologic evidence as it is not applicable to support a fusion. The MRI failed to indicate the injured worker had moderate to severe spinal canal stenosis to support the necessity for surgical intervention. Given the above, the request for posterior spinal fusion with instrumentation at L2-3, L3-4 is not medically necessary.

Associated Surgical Services: Inpatient Stay, 5 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.

Associated Surgical Services: Assistant 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated Surgical Services: Medical Clearance: 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.

Laminectomy at L2-L3, L3-L4, L4-L5, and L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 failed to indicate the injured worker had undergone psychological screening. There were objective findings of radiating leg pain. However, there was a lack of documented instability on flexion and extension studies to support the necessity for a fusion. There would be no necessity for electrophysiologic evidence as it is not applicable to support a fusion. The MRI failed to indicate the injured worker had moderate to severe spinal canal stenosis to support the necessity for surgical intervention. Given the above, the request for decision for laminectomy at L2-L3, L3-L4, L4-L5, and L5-S1 is not medically necessary.