

Case Number:	CM13-0025624		
Date Assigned:	11/20/2013	Date of Injury:	01/07/2012
Decision Date:	02/13/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/17/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Spine Surgery and is licensed to practice in California. 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 physician 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 patient is a 27-year-old male who reported an injury on 01/07/2012. The mechanism of injury was not provided. The patient was noted to undergo an MRI of the lumbar spine which revealed L5-S1 moderate to severe neural foraminal narrowing with contact of the exiting left L5 nerve root and with central protrusion/extrusion contacting bilateral S1 nerve roots. The patient was noted to have undergone conservative care and was noted to have decreased range of motion of the lumbar spine in all planes limited by pain. The patient was noted to have decreased sensation at L4, L5, and S1 dermatomes on the left. The tibialis anterior and EHL strength were noted to be 4/5 on the left and inversion 4/5 on the left. The plantar flexions and eversions were noted to be 5-/5 on the left. The straight leg raise on the left at 30 degrees was noted to elicit radiation of pain down the left leg to the foot. The request was made for a micro lumbar decompression at the left L5-S1 level and 12 postoperative chiropractic physiotherapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Microlumbar decompression at the left L5-S1 level: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 305-306.

Decision rationale: The California ACOEM Guidelines recommend surgical intervention for patients who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably accompanied by objective signs of neural compromise, activity limitations, clear clinical imaging and imaging evidence of a lesion that has been shown to benefit in both the short-term and long-term from surgical repair, and failure of conservative treatment to resolve disabling radicular symptoms. The clinical documentation submitted for review indicated the patient had an MRI on 07/27/2013 which revealed the patient had L5-S1 moderate to severe left neural foraminal narrowing with contact of the exiting left L5 nerve root and with central protrusion/extrusion contacting bilateral S1 nerve roots. The patient was noted to have undergone conservative treatment including 1 epidural injection, 15 visits of acupuncture, and 6 visits of physical therapy and it was noted the epidural injection and acupuncture helped decrease the patient's pain temporarily. The patient indicated the physical therapy did not help with the pain. The patient was noted to have an activity level that continued to be limited due to pain. The patient was noted to be able to walk for 20 to 30 minutes at a time because of severe pain. The patient's pain was noted to be 7/10 with radiation down the left leg to the foot. It was further noted the patient's symptoms were worsening with time. The clinical documentation submitted for review indicated the patient met the criteria for the decompression. Given the above, the request for microlumbar decompression at left L5-S1 level is medically necessary.

Twelve (12) post-operative chiropractic physiotherapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10,26.

Decision rationale: The California MTUS Postsurgical Guidelines indicate the treatment for intervertebral disc disorders without myelopathy post surgically is 16 visits of physical therapy over 8 weeks; however, the initial course of therapy means \hat{A} ½ the number of visits specified in the general course of therapy for the specific surgery. The clinical documentation submitted for review failed to provide the necessity for 12 visits of postsurgical treatment. California MTUS further indicates that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. For the low back, therapy is recommended initially in a therapeutic trial of 6 sessions and with objective functional improvement a total of up to 18 visits over 6-8 weeks may be appropriate. There is a lack of documentation indicating the necessity for 12 sessions. The request as submitted for 12 postoperative chiropractic physiotherapy visits is not medically necessary.