

Case Number:	CM13-0030759		
Date Assigned:	11/27/2013	Date of Injury:	05/23/2012
Decision Date:	04/17/2014	UR Denial Date:	08/31/2013
Priority:	Standard	Application Received:	09/30/2013

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 Surgery, has a subspecialty in Spine Surgery and is licensed to practice in California and 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 patient is a 58-year-old male who reported an injury on 05/23/2012 after he lifted a tub of beer that reportedly caused injury to his low back. The patient's treatment history included L4-5 and L5-S1 hemilaminectomy and decompression and foraminotomy in 09/2012. The patient's postoperative treatment history included physical therapy and medications. The patient underwent an MRI in 01/2013 that documented the patient had a small disc herniation at the L3-4. The patient underwent an additional MRI in 07/2013 that documented there had been no changes in the patient's spinal pathology from the 01/2013 study. The patient had persistent left leg pain in the L5 distribution. The patient's most recent clinical examination findings included an antalgic gait favoring the left leg with normal sensation to light touch in all 4 extremities and symmetric and equal deep tendon reflexes. It was noted that the patient had axial back pain radiating into the lateral aspect of the left leg, dorsum of the foot, and big toe consistent with the L5 distribution. As the patient had failed to respond to the prior surgical intervention and had persistent radicular complaints recalcitrant to conservative treatments to include physical therapy and medications, a decompression and microdiscectomy at the L4-5 level was recommended by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

LAMINOTOMY (HEMILAMINECTOMY) WITH DECOMPRESSION OF NERVE ROOTS, INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR

EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR:
Upheld

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

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

Decision rationale: The requested L4-5 and L5-S1 Hemilaminectomy and Microdiscectomy for the Lumbar Spine is medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends decompression for patients with persistent radicular symptoms that failed to respond to conservative measures. The clinical documentation submitted for review does provide evidence that that the patient has persistent L5 radiculopathy and a broad-based disc bulge at the L4-5 level. The clinical documentation submitted for this review also documents that the patient has been recalcitrant to conservative treatments. The documentation does support that the patient is a candidate for the requested surgery. The request for a L4-5 and L5-S1 Hemilaminectomy and Microdiscectomy for the Lumbar Spine is medically necessary and appropriate.

POST-OPERATIVE PHYSICAL THERAPY THREE TIMES A WEEK FOR SIX WEEKS FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 305-306.

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

Decision rationale: The California MTUS does recommend up to 16 postoperative physical therapy visits for the requested surgery. However, California MTUS Guidelines also recommends an initial course of treatment to equal half the number of recommended visits to establish efficacy of this treatment modality. The requested 18 visits exceed this recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. The request for post-operative physical therapy three times a week for six weeks for the lumbar spine is not medically necessary and appropriate.