

Case Number:	CM13-0032652		
Date Assigned:	12/11/2013	Date of Injury:	03/29/2011
Decision Date:	02/18/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/08/2013

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, and is licensed to practice in New Hampshire, New York and Washington. 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:

Patient complains of back pain and right lower extremity numbness and tingling. Physical examination shows tenderness to the spinous processes of the lumbar spine. There is right and left posterior superior iliac spine tenderness. Range of motion is limited in all planes of the lumbar spine. Neurologic examination in the bilateral lower extremities shows 4-5 bilateral extensor hallucis longus (EHL) strength and decreased sensation in the L5 dermatome. Patient has a lumbar MRI from September 2013 that shows moderate central and foraminal stenosis at L2-3 with a broad disc protrusion. There is moderate to severe foraminal stenosis and facet degenerative changes at L5-S1 and L4-5. There is also degenerative spondylolisthesis at L4-5. At L5-S1 there is a 2 mm disc protrusion. At issue is whether surgery and facet joint denervation a medically necessary. Also at issue is whether physical therapy is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine Decompression at L1-S1 with Facet Joint Decompression and Denervation without fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG-TWC

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: This patient has chronic back pain along with numbness and tingling in the right leg. Physical examination shows some weakness of the bilateral EHL and some diminished sensation in the L5 dermatome distribution. There is no documentation of the trial and failure of physical therapy. While the patient does have MRI evidence of L4-5 spinal stenosis, there is no documentation of adequate conservative measures to include physical therapy. Additionally, there is no documentation of neurologic findings involving any other nerve roots in the lumbar spine on physical examination. Lumbar decompressive surgery from L1-S1 is not medically necessary in this patient at this time. Guidelines for decompressive surgery are not met. The only level that has documentation of neurologic findings on physical examination is L5. Additionally, conservative measures to include physical therapy have been not been recently tried and failed. With respect to denervation of the posterior facet joints, guidelines state that conservative measures must be tried and failed for the treatment of degenerative low back pain. Patient does not meet established guidelines for facet joint injection and denervation treatment because adequate conservative measures have not been tried and failed.

PT 12 visits- 3 x week for 4 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG-TWC

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

Decision rationale: Surgery is disapproved because there is not a recent trial and failure of conservative measures to include physical therapy. Physical therapy is requested at this time. Evidence based guidelines do support the use of physical therapy in the treatment of degenerative low back pain. A trial of physical therapy is appropriate for this patient who has documented L4-5 spinal stenosis on imaging study and L5 weakness and numbness on physical exam. There is no documented trial and failure of previous PT in the medical records. A trial of PT is appropriate for this patient as per MTUS Guidelines.

Pre-op 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.