

Case Number:	CM13-0041484		
Date Assigned:	12/20/2013	Date of Injury:	02/16/2013
Decision Date:	03/12/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/15/2013

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 Spine Surgery and is licensed to practice in New York. 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:

On July 25, 2013, the patient had an operation documenting decompression discectomy at L5-S1 with facetectomy for neural decompression and spinal stenosis treatment. On September 25, 2013 MRI noted grade 1 spondylolisthesis at L4-5 with foraminal narrowing and not being able to rule out L5 nerve compression in the lateral recess. The patient continues to have chronic low back pain. The patient has had conservative measures to include medications, physical therapy activity modification and injections. The patient has continued back pain and leg pain. The lumbar MRI does show granulation tissue with involvement of the left S1 nerve in the region of the previous surgery. The patient's physical exam notes decreased sensation in the left L5 and S1 dermatomes as well as 4-5 motor function in the left L5 and S1 nerve roots. There is lumbar spine tenderness and decreased range of motion by 50%. At issue is whether additional surgery and associated measures are medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot cold therapy unit: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CAMTUS/ODG page 307

Decision rationale: This patient does not meet established criteria for hot cold therapy unit. My review of the medical records indicates that the patient does not meet establish criteria for lumbar fusion surgery. The medical records do not contain radiographic evidence of lumbar instability. In addition, the patient does not have any red flags indicated for spinal fusion such as fracture, tumor, documented instability, or progressive neurologic deficit. The patient's MRI indicates granulation tissue on the left side in the region of the S1 nerve root. Patient's had previous surgery with the development of scar tissue. The MRI did not document unequivocal evidence of re herniation of herniated disc. The MRI did not document severe spinal stenosis in any region of the lumbar spine. In addition, the patient's physical exam does not document progressive neurologic deficit. Surgical decompression for scar tissue is not likely be successful in relieving radicular pain. The patient does not have MRI imaging studies that demonstrate significant compression of the specific nerve root caused by re\re herniation of herniated disc. In addition, the patient has exhausted conservative measures such as epidural steroid injection. Also, neurophysiologic testing should be documented to demonstrate that the patient has specific lumbar radiculopathy. Criteria for spinal decompressive surgery are not met this time. Since the patient's surgeries are not medically necessary, then the use of a hot cold unit that the surgery is not needed.

Muscle stimulator: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CAMTUS/ODG page 120-127

Decision rationale: The use of the muscle stimulator main experimental case of chronic back pain. Current guidelines do not support the use of muscle stimulation case of chronic back pain. There are no interventional trials suggesting benefit from muscle stimulator used for chronic pain. Guidelines do not suggest the use of muscle stimulator treatment in cases of chronic pain.