MAXIMUS Federal Services

Case Number:	CM13-0041755		
Date Assigned:	06/09/2014	Date of Injury:	10/18/2012
Decision Date:	09/05/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	10/30/2013

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 and is licensed to practice in Texas, Montana, and Tennessee. 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 50-year-old male who reported an injury on 10/18/2012. The mechanism of injury was the injured worker was squeezed and lifted up off the floor by another person. The injured worker had electrodiagnostic studies on 04/24/2013, which revealed a normal NCV/EMG of the bilateral lower extremities. The injured worker underwent an MRI of the lumbar spine without contrast on 06/12/2013 which revealed the injured worker had mild to moderate central canal stenosis and mild right neural foraminal stenosis associated with minimal left neural foraminal stenosis at L4-5 secondary to a 4.0 mm right paracentral broad-based disc protrusion, short pedicles, and mild ligamentum flavum redundancy. There was minimal central canal stenosis and minimal bilateral neural foraminal stenosis at L5-S1 secondary to a 6.0 mm broad-based disc herniation extrusion. There was mild contact with the traversing S1 nerve root bilaterally. The examination of 09/25/2013 revealed the injured worker had complaints of back pain and leg pain, which was 70% right sided. The back pain was described as a constant sharp ache, rated at a 6/10. The injured worker noted that the bilateral buttock pain radiated into his posterior thighs and calves. The injured worker had buttock and leg pain with associated numbness, tingling sensations and muscle spasms. The injured worker had tingling and cramping along the plantar surface of the bilateral feet. The injured worker noted difficulty with weakness, lifting, dropping items, getting out of chairs, picking up coins, getting out of bed, going up and down stairs, sex, cleaning, cooking, and slipping. The injured worker had pain with flexion and extension and buttock pain. It was indicated that the injured worker had tried a Medrol Dosepak and Neurontin, narcotics, epidural steroid injections, chiropractic care, acupuncture and massage, with no relief. The physical examination revealed decreased range of motion of the lumbar spine, neck and tenderness to palpation. The injured worker's strength at L4 was 4/5 on the right and 4-/5 on the left. The injured worker's strength at the EHL was 4/5 bilaterally. The diagnoses

included lumbar herniated nucleus pulposus, pain, radiculopathy, sciatica and stenosis, and cervical herniated nucleus pulposus, pain, and radiculopathy. The treatment plan included therapy and an anterior lumbar interbody fusion at L5-S1 and lumbar decompression and foraminotomy at L4-5 and L5-S1. It was opined that through an anterior standalone fusion, there would be a provision for a larger fusion based on the bony column. The subsequent documentation indicated the injured worker underwent an anterior lumbar interbody fusion and hemilaminectomy foraminotomy decompression on 12/05/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

NECK AND SHOULDER PHYSICAL THERAPY TIME ONCE WEEK FOR ONE MOUTH: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, page 98, 99 Page(s): 98-99.

Decision rationale: The California MTUS Guidelines recommend physical medicine with passive therapy for treatment of 8 to 10 visits for neuralgia, neuritis, and radiculitis. The clinical documentation submitted for review failed to provide functional deficits to support the necessity for neck and shoulder physical therapy. There was a lack of documentation of prior treatments for the neck and shoulder. Given the above, the request for neck and shoulder physical therapy once a week for 1 month is not medically necessary.

INPATIENT SURGERY: 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 ACOEM Guidelines indicate that a surgical consultation is appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging, activity limitations due to radiating leg pain for more than 1 month, or the extreme progression of lower leg symptoms. There should be documentation of clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the long- and short-term from surgical repair. There should be a documentation of a failure of conservative care to resolve disabling radicular symptoms. Additionally, before surgery, there should be a consideration of a psychological screening to improve outcomes. The documentation indicated the injured worker had negative findings upon the nerve conduction study and the electrodiagnostic study. The injured worker had minimal central canal stenosis and minimal bilateral neural foraminal stenosis at L5-S1. There were no

extension and flexion studies provided for review to support instability. There was a lack of documentation that the injured worker had myotomal findings; however, did not have dermatomal findings. Additionally, the request as submitted failed to indicate the type of surgical procedure that was being requested as it was indicated the request was for inpatient surgery. Given the above, the request for inpatient surgery is not medically necessary.

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.

MULTIPLE DURABLE MEDICAL EQUIPMENT: 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.

PHYSICIAN REFERRAL: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, Page 163.

Decision rationale: ACOEM guidelines recommend a consultation to aid in assessing the diagnosis, prognosis and therapeutic management. The request as submitted failed to indicate the type of consultation that was being requested. Given the above, the request for a physician referral is not medically necessary.

X-RAYS: 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): 303-305.

Decision rationale: The ACOEM Guidelines indicate lumbar spine x-rays should not be recommended in injured workers with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least 6 weeks. However, it may be appropriate when the physician believes it would aid in the injured worker's management. The clinical documentation submitted for review failed to provide a documented rationale for the requested service. There was a lack of documentation indicating that the physician believed it would aid in the injured worker's management. Additionally, the request as submitted failed to indicate the body part (s) to be x-rayed. Given the above, the request for x-rays is not medically necessary.

POST-OP PHYSICAL THERAPY TWO TIMES FOUR: 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.