

Case Number:	CM13-0046445		
Date Assigned:	06/27/2014	Date of Injury:	04/01/2011
Decision Date:	08/06/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/12/2013

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 Spinal Surgeon, 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 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 47-year-old with a date of injury of April 1, 2011. The patient injured his back at work. He has chronic back pain. He has had epidural steroid injections and continues to have pain. The patient has taken anti-inflammatory medications and narcotics. The patient has had physical therapy and acupuncture. On physical examination he has limited range of motion of the lumbar spine. Straight leg raising is positive. Sensation is diminished in L5 and S1. Ankle reflexes are diminished bilaterally. Neurophysiologic testing showed abnormalities consistent with bilateral S1 radiculopathy. Lumbar MRI shows compression at L4-5. There is an extruded disc fragment on the right side at L4-5. The patient has had 3 epidural steroid injections. Only the first one was helpful. The patient continues to have pain radiating to his right leg in his right foot. The pain is aggravated with activity. At issue is whether L4-5 discectomy is medically necessary and associated items if needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Micro-laminectomy at the bilateral L4-L5: 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 - 307.

Decision rationale: This patient does meet established criteria for lumbar decompression discectomy surgery at L4-5. The patient has a physical examination that is consistent with L5 radiculopathy. He is documented EHL weakness and sensory changes over the foot in the region of L5. He has a very large extruded disc herniation L4-5 on MRI. It is clear correlation between MRI imaging in his physical examination. In addition, he has failed conservative measures to include physical therapy, medications, and injections. The patient is appropriate candidate for L4-5 decompressive discectomy surgery. The request for a Micro-laminectomy at the bilateral L4-L5 is medically necessary and appropriate.

Pre-operative medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse (http://guideline.gov/summary.aspx?doc_id=12973&nbr=006682).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Preop Evaluation from National Guideline clearinghouse.

Decision rationale: Preoperative medical clearance is not necessary for this 47-year-old man without a significant medical problem. A history and physical examination prior to surgery is all that is necessary. The request for a pre-operative medical clearance is not medically necessary or appropriate.

Purchase of a 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 Other Medical Treatment Guideline or Medical Evidence: ODG low back chapter.

Decision rationale: There is no medical necessity for cold therapy after lumbar spinal surgery. There is no peer review literature that supports the use of cold therapy if the lumbar surgery. Outcomes of the lumbar surgery has not been shown to be improved with cold therapy device. Guidelines do not support the use of cold therapy and for lumbar surgery. The request for the purchase of a cold therapy unit is not medically necessary or appropriate.

Purchase of bracing: 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 Other Medical Treatment Guideline or Medical Evidence: ODG Low Back Chapter.

Decision rationale: Guidelines do not support the use of a lumbar brace after lumbar decompression surgery. There is no role for lumbar bracing of the lumbar decompression surgery. The request for the purchase of bracing is not medically necessary or appropriate.

Post-operative physical therapy for the lumbar spine, three times weekly for twelve weeks:
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.

Decision rationale: Physical therapy for twelve weeks after single level lumbar decompressive surgery is excessive. Guidelines do not support the use of physical therapy for twelve weeks after single level lumbar laminectomy surgery. The request for Post-operative physical therapy for the lumbar spine, three times weekly for twelve weeks, is not medically necessary or appropriate.