

Case Number:	CM13-0050281		
Date Assigned:	12/27/2013	Date of Injury:	07/27/2011
Decision Date:	04/29/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/11/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in California. 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:

This patient is a 50-year-old female with a 07/27/2011 date of injury. Per the treating physician's report dated 09/27/2013, the listed diagnosis is spinal stenosis of the lumbar spine. Presenting symptoms are C-spine pain at 3/10 to 4/10, and constant sharp pain of the low back at 5/10 to 6/10. Under treatment plan, it states that the patient took x-rays of the hips which were normal. Prescription is given for Norco and refills. A spine surgeon's report from 08/27/2013 states that the patient has low back pain with radiation to her left lateral hip and thigh. The patient has had injection without significant improvement, currently on Norco, and has had physical therapy but continues to be symptomatic. MRI of the lumbar spine showed diffuse degenerative spondylosis and multilevel canal neuroforaminal stenosis, worse at L3-L4 as well as L4-L5. He felt that that the hip may be the cause of the patient's symptoms and wanted a specialist evaluation. Report by [REDACTED], the primary treater, on 12/02/2013 indicates that [REDACTED], the spine surgeon, recommended decompression at T11 to L1 and he agreed. He recommended EMG/NCV studies of the legs. Report of the lumbar MRI from 06/28/2013 reads moderate to severe central spinal stenosis at L1-L2, severe central stenosis at L3-L4 and L4-L5, and severe bilateral foraminal stenosis at T11-T12, multilevel neuroforaminal stenosis at L3-L4 and L4-L5, and right focal [REDACTED] at L5-S1 measuring 3- to 4-mm. The utilization review letter from 10/24/2013 denied the request stating that the current request for surgical intervention was not supported with an electrodiagnostic study, MRI studies, and the patient presented with no motor or neurological sensory deficits upon physical therapy. This letter includes that patient has both subjective weakness of the left thigh where it is difficult to ambulate at times, and the provider documenting antalgic gait on the left side but 5/5 motor strength. There is a report 10/29/2013 by [REDACTED], spine surgeon, who indicates that the patient does not have hip problems and now

feels that the patient's spinal spondylosis and stenosis are causing her hip and leg pain and recommended a left L3-L4 laminotomy, foraminotomy, and discectomy

IMR ISSUES, DECISIONS AND RATIONALES

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

1 URINALYSIS WITH CULTURE AND SENSITIVITY: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES LOW BACK CHAPTER ONLINE EDITION

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) Low Back Chapter

Decision rationale: This patient presents with persistent low back and lower extremity pain with MRI demonstrating severe spinal stenosis on multiple levels. The request was for a urinalysis with culture and sensitivity in anticipation of surgery. The ODG supports decompression laminectomy, surgery for symptomatic lumbar spinal stenosis. A preoperative urinalysis is medically necessary and appropriate.

1 CHEST X-RAY: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES LOW BACK CHAPTER ONLINE EDITION

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK CHAPTER

Decision rationale: This patient presents with lumbar spinal stenosis having failed conservative care. MRI showed severe spinal stenosis at multiple levels. The treater has recommended decompressive surgery and as a preoperative measure, one set of chest x-rays. Chest x-rays would be reasonable and recommended for preoperative evaluation according to the Official Disability Guidelines. The request is medically necessary and appropriate.

1 ELECTROCARDIOGRAPHY: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES LOW BACK CHAPTER ONLINE EDITION

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)Low Back Chapter

Decision rationale: This patient presents with chronic low back pain with radiation down the lower extremity. An MRI showed severe spinal stenosis on multiple levels. The treating physician has asked for an EKG for preoperative measure for decompressive surgery of the lumbar spine. The ODG support decompressive laminectomy surgery for lumbar spinal stenosis when conservative measures have failed. The ODG support EKG for intermediate risk surgical procedures including orthopedic surgeries not including endoscopic procedures or ambulatory surgery. In this patient, the proposed surgery is multilevel decompression of lumbar spine and the preoperative EKG is indicated. The request is medically necessary and appropriate