MAXIMUS Federal Services

Case Number:	CM13-0055812		
Date Assigned:	12/30/2013	Date of Injury:	08/26/2005
Decision Date:	07/09/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/21/2013

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 Pennsylvania. 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 claimant is a 53-year-old gentleman who injured his low back in work-related accident on August 26, 2005. A December 9, 2013, note describes chronic complaints of mid-back, low-back, bilateral leg, knee and foot pain. The note further states that, following the claimant's initial injury, he reported four additional work-related injuries for the low back, bilateral knees and left foot, as well as the thoracic and lumbar spine. The claimant describes no interval change in his current lumbar complaints. He has been treated in the past with injection therapy, medication management, activity modification and work modification. Physical examination findings demonstrate tenderness to palpation over the L5-S1 level with an antalgic gait pattern, spasm and diminished global strength to the right and left lower extremity. There was no documentation of reflex or sensory loss. The claimant's working diagnosis is post-laminectomy syndrome with degenerative disc disorder and spondylosis. The date of the claimant's prior lumbar surgery is not known. Previous imaging available for review includes a December 18, 2012, computerized tomography (CT) scan of the lumbar spine, which showed multilevel degenerative findings with no acute pathology noted. An MRI performed on September 5, 2013, showed evidence of a two (2) millimeter left-sided disc protrusion without neurocompression at L2-3. There was also evidence of a left lateral disc osteophyte complex at L3-4, resulting in foraminal narrowing and multilevel facet hypertrophy. At the most recent clinical assessment, there was a recommendation for multilevel surgical procedure. Accordingly, this request is for a L2-3, L3-4 and L5-S1 laminectomy/microdiscectomy; a two to three (2-3)-day post-operative inpatient hospital stay; a post-operative LSO lumbar brace; a post-operative cold therapy unit for the lumbar spine; six (6) sessions of home-based therapy post-operatively; and twelve (12) sessions of outpatient physical therapy post-operatively.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT L5-S1 LAMINECTOMY/MICRODISCECTOMY: 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): 306.

Decision rationale: The MTUS/ACOEM Guidelines indicate that direct methods of nerve root decompression include laminotomy, standard diskectomy, and laminectomy. Current clinical records fail to demonstrate imaging or physical examination findings that would support the need for surgery at the L5-S1 level. There is currently no documentation of compressive pathology at the L5-S1 level or indication of motor sensory or reflexive change on examination. Absence of a radicular process would not support the role of surgery. The request is not medically necessary.

LEFT L2-3, L3-4 LAMINECTOMY/MICRODISCECTOMY: 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): 306.

Decision rationale: The MTUS/ACOEM Guidelines indicate that direct methods of nerve root decompression include laminotomy, standard diskectomy, and laminectomy. There is currently no indication of focal compressive findings at the two (2) requested levels for surgery with physical examination failing to demonstrate any degree of radicular process to the lumbar spine. The acute need for the operative procedure would not be indicated. The request is not medically necessary.

TWO TO THREE (2-3) DAY HOSPITAL STAY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.odg-twc.com/index.html?odgtwclow_back.tm#Hopsitallengthofstay.

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.

POSTOPERATIVE LSO LUMBAR BRACE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (http://www.odg-twc.com/index.html?odgtwclow_back.tm#Backbracepostopertive).

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.

POSTOPERATIVE COLD THERAPY UNIT FOR THE LUMBAR SPINE: 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.

POSTOPERATIVE HOME PHYSICAL THERAPY FOR THE LUMBAR SPINE (6 SESSIONS): 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.

POSTOPERATIVE OUTPATIENT PHYSICAL THERAPY FOR THE LUMBAR SPINE (12 SESSIONS): 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.