

Case Number:	CM13-0056035		
Date Assigned:	12/30/2013	Date of Injury:	08/26/2005
Decision Date:	06/03/2014	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 Surgeon, 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:

The claimant, a 53-year-old, sustained an injury to the low back in work related accident on August 26, 2005. The records provided for review include the report of a CT of the lumbar spine dated December 18, 2012 that identified multi-level degenerative findings with no acute pathology. The report of an MRI on September 5, 2013 showed evidence of a 2 millimeter left sided disc protrusion at L2-3 without neurocompressive findings. There was also evidence of a left lateral disc osteophyte complex at L3-4 resulting in foraminal narrowing. There was also multilevel facet hypertrophy noted. The recent clinical records documented that the claimant continued to have ongoing complaints of low back pain. A report of the December 9, 2013 office visit noted chronic complaints of mid back, low back, bilateral leg, knee and foot pain and that since the time of the claimant's initial injury he has had four additional work related injuries to the low back, bilateral knees and left foot as well as thoracic and lumbar spine. He reported 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 showed tenderness to palpation over the L5-S1 level, an antalgic gait pattern, spasm and diminished global strength to the right and left lower extremity. There was no documentation of reflexive or sensory loss. The claimant's working diagnosis was post-laminectomy syndrome with degenerative disc disorder and spondylosis. The records did not document the date of the claimant's low back surgery. The recommendation was made for a multilevel surgical procedure to include a L2-3, L3-4 and L5-S1 laminectomy/microdiscectomy with a two to three day inpatient hospital stay.

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 AND LEFT L2-3, L3-4 LAMINECTOMY/MICRODISCECTOMY WITH A TWO TO THREE DAY HOSPITAL STAY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Procedure Chapter, Discectomy/ Laminectomy Section.

Decision rationale: Based on the Low Back Complaints Chapter of the ACOEM Practice Guidelines and supported by Official Disability criteria, the multilevel laminectomy and discectomy procedure with a two to three day inpatient stay would not be indicated. At present, there is a lack of clinical correlation between the requested three levels of the surgical process and the claimant's physical examination findings at the last clinical assessment described global weakness in a nondermatomal fashion. The absence of clinical correlation between the requested levels for surgery and imaging would fail to necessitate the need for multilevel procedure. This would also negate the need for an inpatient length of stay. The request for a right L5-S1 laminectomy/ microdiscectomy and left L2-3, L3-4 laminectomy/microdiscectomy with a two to three day hospital stay is not medically necessary or appropriate.

POST-OPERATIVE LSO LUMBAR BRACE: 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 or appropriate.

POST-OPERATIVE 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 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 or appropriate.

POST-OPERATIVE HOME PHYSICAL THERAPY VISITS, SIX 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 or appropriate.

POST-OPERATIVE OUTPATIENT PHYSICAL THERAPY VISITS, TWELVE 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 or appropriate.