MAXIMUS Federal Services

Case Number:	CM13-0064486		
Date Assigned:	03/03/2014	Date of Injury:	03/02/2007
Decision Date:	05/29/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/11/2013

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 Orthopedic Surgery 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 is a 33-year-old patient was injured on 03/02/07, sustaining an injury to the low back. Records indicate that the patient is with prior lumbar fusion with instrumentation at the L4-5 level with recent assessment of 10/22/13 indicating persistent low back and radiating bilateral lower extremity pain, numbness, tingling and weakness. Physical examination findings showed restricted range of motion with positive straight leg raising, weakness to the L4 dermatomal distribution and weakness to the left quadriceps, tibialis anterior and EHL. He states that he has failed conservative care. Reviewed at that date was a prior CT scan of the lumbar spine showing previous discectomy and interbody fusion changes at the L4-5 level with solid fusion and no indication of acute compressive findings. There is a revision procedure recommended in the form of a decompression at the L4-5 level for further treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SIDED FORAMINOTOMY AT L4-L5 FOR THE EXITING L4 NERVE ROOT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

Decision rationale: Based on California ACOEM Guidelines, the role of foraminotomy at the L4-5 level in this individual with previous history of a lumbar fusion would not be indicated. CA MTUS states, "Surgical discectomy for carefully selected patients with nerve root compression due to lumbar disk prolapse provides faster relief from the acute attack than conservative management; but any positive or negative effects on the lifetime natural history of the underlying disk disease are still unclear." Current clinical imaging fails to demonstrate specific compressive pathology at the L4-5 level to necessitate the need for further fusion. This is a level where there has been prior decompression, fusion and instrumentation. Recent CT scan demonstrates a solid fusion with no compressive findings. The acute need of surgical process would not be indicated.

ASSISTANT SURGEON: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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.

Decision rationale: The California MTUS Guidelines are silent. When looking at Milliman Care Guidelines, an assistant surgeon would not be indicated as needed as operative intervention has not been established.

PRE-SURGICAL INTERNAL MEDICAL CLEARANCE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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) OMPG, Chapter 7, Independent Medical Examinations and Consultations Page 127.

Decision rationale: The California ACOEM guidelines would not support preoperative medical clearance as need for operative intervention has not been established.

POST-OPERATIVE PHYSICAL THERAPY LUMBAR SPINE x 36: 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), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The California MTUS Postsurgical rehabilitative Guidelines would not support 36 sessions of physical therapy as operative intervention has not been established.

OFF THE SHELVE LUMBAR ORTHOTIC BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 9,298,301. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, , 9, 298, 301.

Decision rationale: The CA MTUS guidelines would not support the role of lumbar bracing as the need for operative intervention has not been established.

FRONT WHEELED WALKER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Procedure.

Decision rationale: The CA MTUS guidelines are silent. When looking at Official Disability Guidelines front wheeled walker would not be supported as operative intervention has not been established.

INPATIENT HOSPITALIZATION FOR 1-2 DAYS: 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) Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, and 2013 Updates: Low Back Procedure.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, and 2013 Updates: Low Back Procedure.

Decision rationale: The MTUS guidelines are silent. When looking at Official Disability Guidelines hospital stay would not be indicated as surgical process has not been established.

HOME HEALTH CARE EVALUATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Home Health Services, Page(s): 51.

Decision rationale: The MTUS guidelines would not support the role of home healthcare as need for surgical process has not been supported.

MEDROX PATCHES #30: 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 Topical Analgesics Page(s): 111-113.

Decision rationale: The CA MTUS Guidelines would not support the role of topical Medrox patches. Medrox patches are a combination of capsaicin and Lidoderm which would only be indicated for neuropathic pain that has failed first line intervention. Without documentation of first line intervention, the acute need for Medrox patches would not be supported.