

Case Number:	CM13-0072643		
Date Assigned:	02/04/2014	Date of Injury:	01/02/2006
Decision Date:	06/20/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	12/31/2013

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:

The injured worker is a 47-year-old male who reported an injury on 1/2/06. The mechanism of injury was not provided for review. Medications were not provided. The injured worker underwent a lumbar MRI with and without contrast on 8/11/13 which revealed there was retrolisthesis and facet joint degenerative changes at L5-S1. There was no high grade spinal stenosis. The exiting nerve sleeves were not displaced in the foramina. Interbody fusion surgery was performed. No prominent enhancing granulation tissue in the central space was noted. The injured worker underwent a two-level lumbar fusion from L4-S1 and a subsequent removal of hardware. The injured worker underwent a hardware injection on 8/9/12 and a left L5-S1 transforaminal epidural steroid injection on 10/30/13. The documentation indicated that the injured worker had reasonable relief with the injection. The documentation of 11/20/13 revealed that the injured worker's calf pain had resolved and he had some decrease in the pain to his left thigh. The injured worker was noting sciatica in the left leg with increased sitting for extended periods. The physical examination revealed tightness in the low back and tenderness with range of motion which was mildly decreased and some dysesthesia into the left anterior thigh. The diagnoses included lumbar disc displacement and lumbosacral spondylosis. The discussion included the injured worker had some resolution with leg symptoms, but continues to have thigh radiculopathy as well as occasional sciatica type pain. The physician said the pain seemed to be manageable and the injured worker would return in three months for a re-evaluation. The documentation of 12/18/13 revealed a request for an L5-S1 decompression; the diagnosis was noted to be left L5-S1 stenosis. The treatment plan included the surgical procedure, a first assistant, preoperative medical clearance including preoperative labs and chest x-ray, a lumbar brace, and postoperative physical therapy as well as a hospital stay.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT L5-S1 DECOMPRESSION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 12, 305.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), CHAPTER 12, 305-306; and the Official Disability Guidelines.

Decision rationale: The ACOEM guidelines indicate that lumbosacral nerve decompression can be achieved through laminotomy, discectomy, or laminectomy. However, there are no specific guidelines for the indications for a discectomy or laminectomy. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that a patient should have objective findings upon examination, including a positive straight leg raise test, cross straight leg raise test, and reflex examinations that correlate with the symptoms and imaging. The findings require one of the following: for L5 nerve root compression, there should be unilateral thigh pain, and for S1 nerve compression, there should be unilateral thigh pain, imaging studies should correlate with the nerve root compression, and there should be documentation of conservative treatments, nerve root compressions, or lateral recess stenosis. There should be documentation of conservative treatments including activity modification, drug therapy (NSAIDs, other analgesics, muscle relaxants or epidural steroid injection), and physical therapy or manual therapy or psychological screening. The clinical documentation submitted for review indicated that the injured worker had subjective symptoms and subjective findings of L5-S1 nerve root compression. There were no objective findings noted. The MRI failed to indicate that the injured worker had nerve root compression or lateral recess stenosis. It was indicated there was no high grade spinal stenosis and the exiting nerve sleeves were not displaced in the foramina. There was documentation indicating the injured worker had undergone an epidural steroid injection; however there was a lack of documentation indicating the injured worker had physical therapy, manual therapy, or psychological screening. Given the above, the request for a left L5-S1 decompression is not medically necessary.

ASSISTANT PA-C: 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.

1 DAY INPATIENT STAY: 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.

PRE-OP MEDICAL CLEARANCE WITH EKG: 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.

PRE-OP LABS, CBC, CMP, PT/PTT, UA: 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.

POSSIBLE CHEST X-RAY: 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.

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.

PHYSICAL THERAPY POST OP TWICE A WEEK FOR SIX WEEKS: 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.