

Case Number:	CM14-0003994		
Date Assigned:	01/31/2014	Date of Injury:	04/05/2013
Decision Date:	06/20/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/09/2014

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 Texas. 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 63 year old female who reported an injury on 04/05/13. The clinical note dated 11/12/13 indicates the patient complaining of low back pain with radiation of pain into the right lower extremity. The injured worker also reported numbness, tingling, and weakness in the right lower extremity. Tenderness was identified upon palpation over the lumbar spine. The clinical note dated 12/05/13 indicates the injured worker continuing with persistent low back pain with radiation of pain into the right lower extremity. The injured worker stated that prolonged sitting and bending exacerbate her pain level. The electrodiagnostic studies completed on 04/05/13 revealed no evidence of peripheral neuropathy or radiculopathy in the lower extremities. The clinical note dated 09/03/13 indicates the injured worker complaining of low back pain with weakness that was rated as 3/10. The injured worker was able to demonstrate full range of motion in the lower extremities with no atrophy identified. No strength or sensation deficits were identified. Deep tendon reflexes were identified as normal and symmetrical. The clinical note dated 12/05/13 indicates the injured worker able to demonstrate 40 degrees of lumbar flexion and 15 degrees of extension. The clinical note dated 08/15/13 indicates the injured worker showing strength deficits at the right EHL, gastroc, peroneal, and hamstrings. A positive straight leg raise was identified at approximately 75 degrees on the left, but negative on the right. The operative note dated 07/10/13 indicates the injured worker undergoing an L4-5 epidural steroid injection with fluoroscopic guidance. The therapy note dated 06/17/13 indicates the injured worker having completed 12 physical therapy sessions to date. The x-rays of the lumbar spine dated 04/05/13 revealed normal vertebral height and alignment. Mild disc space narrowing was identified at L2-3, L4-5, and L5-S1. Mild degenerative changes were also revealed. MRI studies of the lumbar spine dated 05/01/13 notd a 3 x 4mm left lateral disc bulge identified with mild thecal sac compression and mild to moderate left foraminal stenosis. A

much larger 7-8mm disc bulge was noted at L4-5 with severe canal stenosis and moderate foraminal stenosis. The previous utilization review resulted in a denial for a lumbar decompression as no information had been submitted confirming an L3-4 radiculopathy. The requested decompressive lumbar laminectomy with possible disc excision with associated pre and post-operative services was denied by utilization review on 12/24/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

DECOMPRESSIVE LUMBAR LAMINECTOMY, POSSIBLE DISC EXCISION QTY:

1.00: 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 LOW BACK COMPLAINTS, 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), LOW BACK COMPLAINTS, PAGE 306-7

Decision rationale: The request for a decompressive lumbar laminectomy with a possible disc excision is non-certified. The documentation indicates the injured worker complaining of low back pain radiating to the right lower extremity. The patient has not improved with further non-operative treatment. However, in review of the MRI findings for this patient, the L3-4 pathology was primarily to the right with more substantial compressive findings noted at L4-5 due to a larger disc protrusion. Given the negative EMG findings for radiculopathy as well as the inconsistent findings on physical exam, there is insufficient evidence to support that the claimant's actual pain generator has been identified to warrant surgical intervention. As such, the request is not medically necessary and appropriate.

IN-PATIENT STAY (PER DAY) QTY: 3.00: 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: Given the lack of certification regarding the requested surgery, the additional requests are thus rendered non-certified.

PRE-OP MEDICAL CLEARANCE QTY: 1.00: 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: Given the lack of certification regarding the requested surgery, the additional requests are thus rendered non-certified.

POST-OP PHYSICAL THERAPY QTY: 8.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POSTSURGICAL TREATMENT GUIDELINES, 2-3, 15-16,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POST SURGICAL TREATMENT GUIDELINES, LUMBAR DECOMPRESSIONS, LAMINECTOMY AND DISCECTOMY, PAGE 17

Decision rationale: Given the lack of certification regarding the requested surgery, the additional requests are thus rendered non-certified.

FRONT WHEELED WALKER QTY: 1.00: 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: Given the lack of certification regarding the requested surgery, the additional requests are thus rendered non-certified.

COLD THERAPY UNIT (PER DAY) QTY: 7.00: 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: Given the lack of certification regarding the requested surgery, the additional requests are thus rendered non-certified.

SHOWER CHAIR QTY 1.00: 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: Given the lack of certification regarding the requested surgery, the additional requests are thus rendered non-certified.

LUMBAR BRACE QTY:1.00: 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 LOW BACK COMPLAINTS, 298-301

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Given the lack of certification regarding the requested surgery, the additional requests are thus rendered non-certified. Additionally, a lumbar brace is indicated in the postoperative setting following a lumbar fusion. Given the requested laminectomy, the additional request for a lumbar brace would be rendered non-certified as well.

TENS UNIT (PURCHASE) QTY:1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TRANSCUTANEOUS ELECTROTHERAPY, PAGES 114-6

Decision rationale: Given the lack of certification regarding the requested surgery, the additional requests are thus rendered non-certified.

TENS UNIT RENTAL (PER DAY) QTY 30.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TRANSCUTANEOUS ELECTROTHERAPY, PAGES 114-6

Decision rationale: Given the lack of certification regarding the requested surgery, the additional requests are thus rendered non-certified.