MAXIMUS Federal Services

Case Number:	CM14-0007712		
Date Assigned:	02/10/2014	Date of Injury:	01/11/2012
Decision Date:	08/13/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/21/2014

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 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 53-year-old male with a 1/11/12 date of injury. A specific mechanism of injury was not described. A 11/23/13 progress report identified moderate to severe low back pain with radiation to the left leg, left hip, left ankle, and left foot. Exam revealed motor deficit at 4/5 at the left interphalangeal joint, TA, and extensor hallucis longus muscle. Sensation was intact to light touch. Reflexes were absent at the left knee. There was a positive straight leg raise on the left. A 10/24/13 lumbar spine MRI report revealed transitional anatomy with sacralization of L5. There was a 3mm bulge at L2-3 with superimposed inferiorly migrating extrusion or possible sequestered fragment. This leads to further narrowing of the left lateral recess. Overall there is moderate central stenosis at this level. There was a 4mm bulge at L3-4 leading to mild central and left lateral recess stenosis. There was a 2mm bulge at L4-5 with small superimposed central protrusion leading to moderate central stenosis. There is marked ligamentum flavum prominence at this level. Electrodiagnostic studies done on 11/22/13 revealed left active L5 denervation (clinically radiculopathy). Treatment to date has included physical therapy and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT L2-5 LAMINECTOMY,L2-3 MICRODISCECTOMY: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The California MTUS states that surgical intervention is recommended for patients who have severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair; and failure of conservative treatment. The patient had symptoms in the L2-3 and L4-5 distribution, there was weakness on exam, and the MRI revealed a possible sequestered fragment at L2-3 and moderate central stenosis at L4-5. There was active L5 radiculopathy on EMG. However, there was no indication for a lamiectomy at L3-4. There were no clear imaging findings of root pathology and no radiculopathy on EMG. In addition, the treating provider identified a request for L4-5 laminectomy. There was no clear request for the surgical procedure as requested and no rationale for surgery at the L3-4 level. As such, the request is not medically necessary.

2-3 DAY IMPATIENT STAY POST LUMBAR SURGERY: 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.

ASSISTANT SURGEON, [redacted], FOR LUMBAR SURGERY: 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.

PREOPERATIVE CLEARANCE WITH [redacted], CHEST X-RAY, PREOPERATIVE LABORATORY TESTS FOR LUMBAR SURGERY: 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 SACRAL ORTHOSIS BACK BRACE FOR 3 MONTHS POST LUMBAR SURGERY: 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.

MOTORIZED COLD THERAPY UNIT FOR 2 WEEKS POST LUMBAR SURGERY: 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.

HOME NURSING FOR DAILY DRESSING CHANGES DAILY FOR 2 WEEKS POST LUMBAR SURGERY: 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.

HOME PHYSICAL THERAPY 3 TIMES PER WEEK FOR 2 WEEKS POST LUMBAR SURGERY: 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.

OUTPATIENT POST OPERATIVE PHYSICAL THERAPY 2 TIMES PER WEEK FOR 6 WEEKS 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.