

Case Number:	CM14-0100516		
Date Assigned:	09/26/2014	Date of Injury:	11/28/2012
Decision Date:	12/11/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/30/2014

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 Spine 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 44-year-old female who reported an injury on 11/28/2012. The mechanism of injury is not provided. On 03/07/2014, the injured worker presented with complaints of low back pain and numbness in the left foot. Current medications included Ambien, Norco, baclofen, and Lyrica. Upon examination of the lumbar spine, the injured worker walked with a severely antalgic gait and is slow to go from the sitting to standing. There was decreased sensation noted to the left L5 dermatome. There were 2+ reflexes noted and 5/5 motor strength in the lower extremities. A CT scan of the lumbar spine performed on 11/19/2013 noted the L5-S1 disc level to have bilateral transpedicular screws with vertical uniting rod connectors, without evidence of periprosthetic or osteolysis. There is no periprosthetic fracture, hardware compromise, hardware loosening or subsidence. The diagnoses were noted as lytic spondylolisthesis from L5-S1, left L5 radiculopathy secondary to foraminal seroma, new onset of 4 months post op L5-S1 TLIF, L5-S1 stenosis, and status post L5-S1, TLIF, PSIF, and Gil laminectomy as of 08/28/2013. The provider recommended a left L5-S1 foraminotomy, 30 day rental of a cold unit, pneumatic intermittent compression device, 1 LSO back brace, preop medical clearance, assistant surgeon and a 1 day inpatient hospital stay. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L5-S1 Foraminotomy: 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 Official Disability Guidelines (ODG) Low Back, Discectomy/Laminectomy

Decision rationale: The request for Left L5-S1 Foraminotomy is not medically necessary. The guidelines recommend an L5 nerve root compression to include severe unilateral foot/toe/dorsiflexors weakness/mild atrophy or mild to moderate foot/toe/dorsiflexors weakness or unilateral hip/lateral thigh/knee pain. A nerve root compression includes severe unilateral foot/toe/plantar flexor/hamstring weakness/atrophy, moderate unilateral foot/toe/plantar flexor/hamstring weakness, or unilateral buttock/posterior thigh/calf pain. There was no documentation of weakness, numbness or tingling observed within the L5-S1 dermatomes. Additionally, the lack of documentation of other therapies the injured worker underwent or the efficacy of those treatments were not provided. As such, medical necessity has not been established.

30 Day Rental 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Pneumatic Intermittent/Compression Device: 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

LSO Back 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Medical Pre Op Clearance: 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Assistant Surgeon P-A-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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

1 Day Inpatient Hospital 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.