

<b>Case Number:</b>	CM14-0012442		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	11/22/2012
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2014

### 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 Surgery and is licensed to practice in New York. 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 patient is a female who injured her back on November 22, 2012 when she was pulling a heavy object. Patient has an MRI from December 2012 which shows disc degeneration at L5-S1 and a central disc herniation at L5-s1 measuring 0.5 mm patient also has narrowing of the neural foramen at L4-5. Patient complains of back pain radiating to both her legs. She's been taking narcotics and NSAID medications and still has pain. Physical exam shows weakness in ankle plantar flexion on the right and on the left. There is decreased sensation S1 distribution bilaterally. Electrodiagnostic study in June 2013 shows mild to moderate left S1 radiculopathy. Repeat MRI from December 2 713 shows L4-5 disc bulge at L5-S1 for disc protrusion. There is moderate bilateral foraminal narrowing at L5-S1. The patient was noted to have started physical therapy in September 2013. There is no documentation of completion of physical therapy. She's had epidural steroid injections. At issue is whether lumbar decompression is medically necessary at this time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LUMBAR DECOMPRESSION L4-S1: 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): 305-320.

**Decision rationale:** Patient does not meet criteria for lumbar decompressive surgery at this time. Specifically, the medical records do not indicate that all conservative measures have been tried and failed. There is not adequate documentation of a trial and failure of physical therapy. The medical records indicate that the patient has initiate physical therapy, but they do not give detail on the completion of physical therapy in the effect of physical therapy. This patient has not exhausted all conservative measures based on my review the medical records. Additional conservative measures in the form of a full course of physical therapy for degenerative spinal back pain and foraminal stenosis should be tried and failed. In addition the patient does not meet red flag indicators for spinal surgery such as progressive neurologic deficit, tumor, fracture, or instability. Additional conservative measures in the form of a complete course of physical therapy trial are medically necessary.

**INPATIENT STAY X2 DAYS:** 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 [REDACTED] TO INCLUDE CXR, LABS,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.

**ELEVATED TOILET SEAT:** 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.

**POST-OP PHYSICAL THERAPY X9 LAND:** 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.

**POST-OP AQUATIC X9:** 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.

**REACHER/GRABBER:** 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.