

Case Number:	CM14-0016175		
Date Assigned:	04/14/2014	Date of Injury:	02/02/2010
Decision Date:	05/28/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/10/2014

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:

The patient is a 65-year-old female injured on February 2, 2010. Records specific to her low back document continued complaints of pain. A March 25, 2013, MRI report identifies L2-3 disc bulging, L3-4 disc desiccation with disc bulging and neural foraminal narrowing. Also noted was evidence of prior decompressive laminectomy from L3-4 through L5-S1 and prior fusion of L3-4 and L4-5. A January 21, 2014, assessment documents neck pain with radiating upper extremity pain, as well as low back pain radiating to the buttocks, right greater than left, and the posterior thigh. Physical examination findings showed restricted ankle dorsiflexion at 4/5 on the right, equal and symmetrical reflexes with a positive right-sided straight leg raise, and sensory deficit in a distribution described as "non-dermatomal." The records state that recent treatment has included: a selective L3 nerve root block, which provided significant improvement temporarily; physical therapy; medication management; and bracing. In response to the patient's continued complaints of pain, this request is for: a lumbar MRI scan; a right-sided L2-3 and L3-4 laminectomy; postoperative use of a brace; a pneumatic compression device; preoperative consultation for education and consent signing; 12 sessions of post-operative physical therapy; preoperative medical clearance; and an inpatient stay.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287,303.

Decision rationale: Based on California ACOEM Guidelines, a repeat lumbar MRI would not be indicated. The reviewed records do not reference acute clinical findings on examination to support a medical indication for further imaging in this patient, who has already undergone significant surgical intervention. The most recent MRI scan occurred in March 2013. The clinical findings in this case would not support the request for another MRI scan as medically necessary.

RIGHT SIDED L2-3 & L3-4 LAMINOTOMY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

Decision rationale: The California ACOEM Guidelines do not support the request for a right-sided L2-3 and L3-4 laminectomy. The records available for review do not document compressive findings on imaging at the L2-3 and L3-4 level, which would be necessary to support acute surgical intervention in an individual whose medical history includes prior aggressive multilevel fusion. While the patient reports residual subjective complaints to the buttocks, the request for the two-level laminectomy would not be supported as medically necessary in this case.

POST OP LUMBAR SPINE BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 12 Low Back Complaints Page(s): 9,298,301.

Decision rationale: The request for surgery has not been established as medically necessary. Therefore, the request for a postoperative lumbar spine brace is not medically necessary.

POST OP PNEUMATIC INTERMITTENT COMPRESSION DEVICE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Article: Deep Vein Thrombosis Prophylaxis in Orthopedic Surgery.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Worker's Comp, 18th Edition, 2013 Updates: Forearm/Wrist/Hand Procedure - Vasopneumatic Devices.

Decision rationale: The request for surgery has not been established as medically necessary. Therefore, the request for a pneumatic compression device is not medically necessary.

POST OP PHYSIOTHERAPY 3 TIMES A WEEK FOR 4 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The request for surgery has not been established as medically necessary. Therefore, the request for 12 sessions of postoperative physiotherapy is not medically necessary.

PRE-OP FOLLOW UP FOR EDUCATION AND CONSENT SIGNING: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 Independent Medical Examinations and Consultations, Page 127.

Decision rationale: The request for surgery has not been established as medically necessary. Therefore, the request for preoperative consultation for purposes of education and consent signing is not medically necessary.

INPATIENT LENGTH OF STAY (LOS): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hospital Length Of Stay (LOS) Guidelines Laminectomy/Laminotomy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment In Worker's Comp, 18th Edition, 2013 Updates: Low Back Procedure - Discectomy/ Laminectomy Hospital Length of Stay (Los).

Decision rationale: The request for surgery has not been established as medically necessary. Therefore, the request for an inpatient stay is not medically necessary.