

Case Number:	CM14-0017257		
Date Assigned:	02/12/2014	Date of Injury:	07/03/2008
Decision Date:	02/20/2014	UR Denial Date:	01/31/2014
Priority:	Expedited	Application Received:	02/11/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 has a date of injury in 2008 to the lumbar spine. She has chronic back pain. She had a prior lumbar spinal fusion. She has been diagnosed with failed back syndrome. She ambulates with a walker. The patient reports experiencing multiple falls and has had recent bowel and bladder incontinence. She reports that her legs gave out on January 29, 2014. Physical examination demonstrates 4-5 strength in the right lower extremity compared with 5 out of 5 strength throughout the left lower extremities. Reflexes were asymmetric in the bilateral lower extremities. A pain management physician is requesting urgent percutaneous lumbar decompression at L2-3. Patient has a physical exam from April 24, 2013. The physical exam documents significant 5 out of 5 normal motor strength bilaterally in all medial muscle groups including iliopsoas, quadriceps, tibialis anterior, gastrocsoleus, peroneal I and D. EHLs. The following exceptions only include 4-5 right tibialis anterior and EHL motor weakness. The exam from April 24, 2013 does not document significant neurologic deficit other than mild tibialis anterior EHL weakness. Furthermore, the patient is 4 years out from surgery in the medical records document unclear etiology of her symptoms. The patient does have an MRI from April 2012 that shows some spinal stenosis at L2-3 which is very mild. Patient has an MRI from May 3, 2013 The patient's previous spinal surgery include L3-4 fusion. The MRI from May 3, 2013 shows moderate central canal stenosis at L2-3 there is impingement on the traversing right L3 nerve root. There is mild stenosis at L4-5 with slight effacement of the right L5 nerve root. At issue is whether L2-3 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:

Stat R lumbar decompression L2-L3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306-314.

Decision rationale: This patient does not meet criteria for lumbar decompression at L2-3 at this time. Specifically, the patient's physical examination does not correlate with MRI findings. While the patient does have some moderate central canal stenosis at L2-3, the physical examination only documents mild 4-5 weakness of the tibialis anterior and EHL on the right side only. The remainder of the physical examination is neurologically normal with no significant motor or sensory deficit documented. There is no specific radiculopathy on physical examination that correlates with L2-3 moderate stenosis. There is no evidence of L2 or L3 radiculopathy on physical examination. In this case, there is no clear correlation between the MRI lumbar imaging study and the patient's physical examination. There is no specific radiculopathy on examination that correlates with the L2-3 stenosis. Establish criteria for lumbar decompressive surgery or not met. There is no neurophysiologic testing, no exact radiculopathy on examination correlating with the L2-3 level. In addition the L2-3 stenosis is not reported as severe on the most recent imaging study. Criteria for lumbar decompression not met.

DME electric wheelchair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Durable Medical Equipment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Durable Medical Equipment.

Decision rationale: The medical records indicate that the patient is able to walk with a walker. Therefore, the treatment request of the purchase of the left wheelchair is not medically necessary. There is also no reason why the patient can use a manual wheelchair. The physical examination reports 5 out of 5 normal muscle strength in the bilateral upper extremities, and in the lower extremities the only deficit reported is mild right lower extremity 4/5 tibialis anterior and EHL. The patient does not have a documented significant neurologic deficit on physical examination that would require the use of a wheelchair. Establish criteria for electric wheelchair use on not met.