

Case Number:	CM14-0123523		
Date Assigned:	08/08/2014	Date of Injury:	07/07/2010
Decision Date:	09/25/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/05/2014

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 Occupational Medicine, 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 patient is a 41 y/o male who has developed chronic low back pain secondary to an injury dated 7/7/10. His back pain is associated with a significant radiculopathic component in the right lower extremity. MRI studies, electrodiagnostic studies and 3 qualified physicians have been consistent with the diagnosis of a right sided S1 radiculopathy. The MRI shows a right sided foraminal stenosis due to a combination of disc bulging and facet arthropathy. Conservative care has included 3 epidural injections which provide a few months relief. The patient has been judicious with oral analgesics and has remained at work. Over time the pain has become more intense.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 microdiscectomy and foraminotomy: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index 9th Edition Web 2011.

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

Decision rationale: MTUS Guidelines support surgical intervention if there is neurological involvement and conservative care has trialed for at least 3 months. If elected, this patient

clearly fits the criteria for surgical intervention. The request for the L5-S1 microdiscectomy/foraminotomy is medically necessary.

Preoperative clearance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, American College of Occupational and Environmental Medicine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 80.

Decision rationale: MTUS Guidelines support consultations when the issue is beyond the expertise of the requesting physician. It is medically reasonable for an orthopedist to request pre-operative clearance consistent with pre-operative standards of medically necessary testing/screening.

Post-Operative physical therapy 3x4: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: MTUS Guidelines support the request for 12 post operative physical therapy sessions. The request for 12 physical therapy sessions is medically necessary.

Aspen quick draw brace: Upheld

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

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

Decision rationale: MTUS Guidelines do not address the issue of back braces in the post operative state. ODG Guidelines do address this issue and only recommend temporary use of bracing if there are issues of instability,arthroplasty with fusion or fracture. The Aspen Quick Draw Brace is not medically necessary.