

Case Number:	CM14-0126856		
Date Assigned:	08/13/2014	Date of Injury:	05/18/2014
Decision Date:	09/18/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/11/2014

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 Texas. 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 43-year-old female who reported an injury on 05/18/2014. The mechanism of injury was the injured worker was picking up a bag of rice. The injured worker's prior treatments included medication, chiropractic care and E-stim. The surgical history was stated to be no significant surgical procedures. The documentation indicated the injured worker had an MRI of the lumbar spine without contrast on 06/14/2014, which revealed at the level of L4-5, there was a left foraminal L4-5 disc protrusion with impingement of the adjacent intrathecal L5, S1, and S2 nerve roots. The left L4 nerve root exited above the disc protrusion. There was severe spinal stenosis at L5-S1 due to a combination of large midline disc protrusion and a left paracentral foraminal disc extrusion by both extradural and intradural extravasation of the disc material. The left side of the thecal sac was severely compromised, including a left L5, S1, and L2 nerve root. The injured worker underwent an x-ray of the lumbosacral spine on 07/07/2014 which revealed the injured worker had moderate lumbar spasms and evidence of a moderate degenerative discopathy at L5-S1. The documentation of 07/07/2014 revealed the injured worker had a complaint of low back pain. Additionally, the injured worker had pain that radiated to the left leg and bilateral feet. The physical examination revealed the sensory and motor examination of both upper extremities demonstrated normal muscle strength in all major muscle groups and normal light touch sensation in all dermatomes. The deep tendon reflexes were 1-2+ and symmetrical. The motor testing of the lower extremities revealed strength of 4+/5 on the right at the level of the quadriceps, anterior tibialis, iliopsoas, hip adduction, extensor hallucis longus, toe extensors, and gluteus minimus and medius muscles, posterior tibialis, gastro-soleus, toe flexors, and gluteus maximus. The remaining major lower extremity muscle groups were otherwise normal bilaterally. The diagnoses included idiopathic low back pain, herniated nucleus pulposus, degenerative disc disease L5-S1, central spinal stenosis L5-S1 and

severe, lumbar radiculopathy, and sciatica. The treatment plan included x-rays of the lumbar spine standing AP and lateral standing flexion and extension. Additionally, the treatment plan included a decompression and laminectomy on the left side at L5 and S1 with final surgical recommendations pending diagnostic studies. It was documented the injured worker had achieved maximum benefit from conservative care. Additionally, the request was made for a lumbosacral orthotic. The injured worker was given free medication samples of Lyrica and Celebrex. There was a request for authorization form was for continued chiropractic care and adjustment and E-stim.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine Surgery Decompression and Laminectomy, Levels Left Side and L5-S1: 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): 305-307.

Decision rationale: The American College of Occupational and Environmental Medicine indicates a referral for surgical consultation may be appropriate for injured workers who have severe and disabling lower limb symptoms in a distribution consistent with abnormalities on imaging studies, preferably with accompanying objective signs of neural compromise. There should be documentation of activity limitations due to radiating leg pain for more than 1 month or the extreme progression of lower leg symptoms. There should be clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair. There should be documentation of a failure of conservative treatment to resolve disabling radicular symptoms. The clinical documentation submitted for review indicated the physician opined the injured worker had failed conservative care. There was documentation indicating the injured worker had decreased strength on the left. There were imaging findings including the MRI. However, there was no documentation of electrophysiologic evidence to support the request. Additionally, the documentation indicated the injured worker was to be sent for x-rays of the lumbar spine standing flexion and extension and a Ferguson view. The results of those studies were not available. Additionally, as the injured worker was noted to be continuing to utilize chiropractic care for pain, there would be a lack of a failure of conservative care. Given the above, the request for lumbar spine surgery decompression and laminectomy levels left side and L5-S1 is not medically necessary.

Additional Chiro X6 with Adjustment and ESTIM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy; Neuromuscular electrical stimulation (NMES devices) Page(s): 58, 59; 121.

Decision rationale: The California MTUS Guidelines recommend manual therapy for an initial treatment of 6 visits with an additional 12 visits with documentation of objective functional benefit. They do not recommended neuromuscular electrical stimulation. The clinical documentation submitted for review failed to provide documentation of objective functional benefit that was received from prior chiropractic treatments. There was a lack of documentation of functional benefit that was received from E-stim and there would need to be clarification of what the type of E-stim included. The request as submitted failed to indicate the body part to be treated with the chiropractic and E-stim therapies. Given the above, the request for additional chiropractic times 6 with adjustment and E-stim is not medically necessary.