

Case Number:	CM14-0145490		
Date Assigned:	09/12/2014	Date of Injury:	03/07/2013
Decision Date:	11/17/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/08/2014

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 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 63-year-old female who reported an injury to her low back. No information was submitted regarding the initial injury on March 7, 2013. A clinical note dated July 09, 2013 indicated the injured worker complaining of neck pain and low back pain neck, mid, and low back pain. The injured worker rated the pain 7-8/10. The injured worker underwent eight physical therapy sessions to date. The injured worker was recommended for MRI of the thoracic spine. A clinical note AME dated December 10, 2013 indicated the initial injury occurred on July 22, 2008. The injured worker stated the initial injury occurred when she slipped on a carpet causing injuries to her left thigh and knee. A clinical note dated February 04, 2014 indicated the injured worker complaining of low back pain radiating to bilateral lower extremities. The injured worker was recommended for epidural steroid injection in the lumbar spine. The injured worker underwent home exercise program and continued using Norco. Upon exam, pain was exacerbated with forward flexion, extension, rotation, and bending. The injured worker also reported increasing pain with lifting and carrying objects. The injured worker also stated the low back pain was affecting her sleep hygiene. The MRI of the lumbar spine dated November 21, 2008 revealed minimal posterior subluxations of L2 on L3 and of L4 on L5. Degenerative changes were identified from L2-3 through L5-S1. A clinical note dated February 18, 2014 indicated the injured worker demonstrating 4/5 strength with the tibialis anterior and EHL bilaterally. The procedure note dated March 06, 2014 indicated the injured worker undergoing epidural steroid injection at L4-5. The MRI of the lumbar spine dated March 27, 2014 revealed pars defect was identified at L4-5. Sclerosis was identified within the left L4 and right L5 pars interarticularis likely representing a chronic pars type stress reaction. Lumbar spondylosis was identified most pronounced at L5-S1 rated grade 1-2. Mild to moderate left sided neural foraminal stenosis was identified at L4-5. Broad based disc bulge was revealed at

L4-5 in conjunction with severe bilateral facet arthropathy findings. A clinical note dated May 13, 2014 indicated the injured worker complaining of sensory deficits at the posterior aspect of the left thigh. The utilization review dated May 29, 2014 resulted in denial for L4-5 laminectomy with assistant surgery, post-operative therapy, and DME purchases and home health evaluation as insufficient information was submitted regarding completion of all conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laminectomy surgery: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: The request for laminectomy in the lumbar spine is not medically necessary. The injured worker complains of low back pain with sensory deficits in the lower extremities. A laminectomy is indicated in the lumbar spine provided that the injured worker meets specific criteria, including completion of all conservative treatment. No information was submitted regarding completion of any conservative treatment. It is unclear if the injured worker has undergone any recent injections in the lumbar spine addressing radiculopathy complaints. Given this, the request is not indicated as medically necessary.

Assistant Surgeon: Upheld

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

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.

Internal medical clearance: Upheld

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

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 Operative Physical Therapy (24-sessions to the lumbar spine): Upheld

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

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 operative DME purchase: off the shelf lumbar brace: Upheld

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

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 operative DME purchase: Front wheel walker: Upheld

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

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.

Inpatient stay, 1 night: Upheld

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

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.

Home health evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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.