

Case Number:	CM14-0024738		
Date Assigned:	06/16/2014	Date of Injury:	11/23/2011
Decision Date:	08/13/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/26/2014

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 Surgeon, has a subspecialty in Spine 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 injured worker is a 66-year-old female who reported an injury on 11/23/2011 due to cumulative trauma while performing on-the-job duties. The injured worker reportedly sustained an injury to her low back, ultimately developing severe lumbar spinal stenosis. The injured worker's treatment history has included physical therapy and medications. The injured worker underwent an MRI of the lumbar spine on 05/16/2013, which concluded that there was a grade I anterolisthesis at the L3-4 and mild retrolisthesis at the L2-3 with mild spondylotic spinal canal narrowing at the T10-11 to the L2-3 and mild to moderate spinal canal narrowing at the L3-4 and L4-5 with multilevel neural foraminal narrowing. The injured worker was evaluated on 01/16/2014. It was documented that the injured worker complained of low back pain radiating into the bilateral lower extremities. Physical findings included limited range of motion secondary to pain and tenderness to palpation at the lumbosacral junction. It was documented that the injured worker had 5/5 motor strength and normal deep tendon reflexes. The injured worker's diagnoses included lumbar degenerative scoliosis and lumbar spinal stenosis and sciatica. The injured worker's treatment recommendations included physical therapy, a laminectomy and fusion from the L4-S1 and epidural steroid injections and facet injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID AND FACET INJECTIONS VIA CAUDAL APPROACH.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: The requested lumbar epidural steroid and facet injections via caudal approach are not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends epidural steroid injections for injured workers who have clinically evident radiculopathy consistent with pathology identified on an imaging study or an electrodiagnostic study that has been recalcitrant to conservative treatment. The clinical documentation submitted for review does not indicate that the injured worker has exhausted all levels of conservative treatment. Additionally, the most recent clinical evaluation does not demonstrate any clinical findings to support radiculopathy. There is no documentation of motor strength deficits, decreased deep tendon reflexes or sensation deficits in specific dermatomal distributions. Therefore, an epidural steroid injection would not be supported. The American College of Occupational and Environmental Medicine does not support the use of therapeutic facet injections. As there is no indication that this facet injection will be used for diagnostic purposes, it would not be supported by the guideline recommendations. As such, the requested lumbar epidural steroid injection and facet injection via caudal approach are not medically necessary or appropriate.

PHYSICAL THERAPY VISITS TIMES 12 VISITS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The requested physical therapy visits times 12 are not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured worker has previously participated in physical therapy. The California Medical Treatment Utilization Schedule recommends that injured workers be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. The clinical documentation does not provide any evidence that the injured worker is participating in a home exercise program. Therefore, 1 to 2 visits of physical therapy would be indicated in this clinical situation to re-educate the injured worker in an independent home exercise program. However, the requested 12 visits would be considered excessive. As such, the requested physical therapy visits times 12 are not medically necessary or appropriate.

LUMBAR LAMINECTOMY AND FUSION OF L4-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 310.

Decision rationale: The requested lumbar laminectomy and fusion of the L4-S1 is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine does not recommend fusion surgery in the absence of instability or severe lower leg functional limitations. The clinical documentation submitted for review does not provide any evidence of radiculopathy or nerve root pathology to support the need for a lumbar laminectomy and fusion. Although there is documentation of instability, the injured worker's physical presentation does not support the need for surgical intervention at this time. As such, the requested lumbar laminectomy and fusion of L4-S1 is not medically necessary or appropriate.