MAXIMUS Federal Services

Case Number:	CM14-0033762		
Date Assigned:	06/20/2014	Date of Injury:	09/20/2012
Decision Date:	07/25/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/18/2014

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 Physical Medicine and Rehabilitation, 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 60 year old male who reported an injury regarding his low back when he fell while exiting a vehicle. The therapy note dated 09/26/13 indicates the injured worker having completed 14 physical therapy sessions to date and undergone acupuncture treatments as well. The clinical note dated 09/19/13 indicates the injured worker utilizing Celebrex. The x-rays completed on 01/16/14 of the lumbosacral spine revealed a retrolisthesis of L5 on S1. The operative report dated 02/14/14 indicates the injured worker undergoing an epidural steroid injection on the right at L5-S1. The clinical note dated 03/03/14 indicates the injured worker being recommended for a surgical intervention at the L5-S1 level to include a laminectomy, facetectomy, and foraminotomy on the right. The electrodiagnostic studies completed on 03/15/14 revealed evidence of a moderate right L5 radiculopathy. The magnetic resonance imaging of the lumbar spine dated 03/17/14 revealed degenerative changes at the L3-4 and L4-5 levels. A broad left eccentric disc protrusion was also revealed at L3-4. Narrowing was identified at the neuroforamina, moderate on the right and moderately severe on the left. Mild to moderate narrowing was also identified at the central canal at L4-5. The clinical note dated 06/13/14 indicates the injured worker developed immediate low back pain after the fall and later developed radiating pain to the right lower extremity. The injured worker has previously been treated with facet block injections as well as a rhizotomy. The injured worker has also had 2 epidural steroid injections which did provide approximately 45 days of relief. The injured worker was found to have significant foot drop on a clinical evaluation on 10/30/13. Numbness was also identified in the right knee and ankle. Previous treatments have also included the use of Norco. 5-/5 strength was identified at the right tibialis anterior. Trace reflexes were identified in the right lower extremity at both the patella and Achilles regions. The injured worker was being recommended for an L3-4 and L4-5 hemilaminectomy and decompression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient length of stay (LOS) times one (1) day for Posterior Lumbar Right L5-S1 Laminectomy and Facetectomy: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Hospital Length of Stay.

Decision rationale: The request for an L5-S1 laminectomy and facetectomy with a 1 day inpatient stay is medically necessary. The documentation indicates the injured worker having significant findings confirmed by imaging studies and has demonstrated a radiculopathy in the L5 distribution manifested by strength, sensation, and reflex deficits. The injured worker has completed a full course of conservative therapy to include 14 physical therapy sessions as well as at least 2 epidural injections all with no long lasting benefit. Given the injured worker's ongoing symptoms including radiculopathy and taking into account the imaging studies confirming the injured worker's significant findings at the L5-S1 level as well as the previous attempts at conservative treatments, this request is medically necessary.

Walker with front wheels: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Knee and Leg Chapter, Walking Aids.

Decision rationale: Given the certification of the L5-S1 procedure, a walker with front wheels is medically necessary in order to provide the injured worker with ambulatory stability during the post-operative and recovery period.

Raised Tiolet Seat: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: A raised toilet seat is indicated as medically necessary in order to provide the injured worker with a safe avenue for voiding following the proposed L5-S1 procedure.

Grabber: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The use of a grabber may be indicated following an operative procedure in the lumbar region. However, no information was submitted regarding the injured worker's inability to reach objects following the proposed L5-S1 procedure. Therefore, this request is not medically necessary.

Home Health consisting of an initial and two (2) follow-up visits:Skilled nurse for skilled observation of post-operative status, incision healing, pain management, home saftey and equipment needs: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

Decision rationale: The request for home health services is not indicated. No information was submitted regarding the injured worker's current home status to include family members living within the home. Additionally, no information was submitted regarding the injured workers need for additional care following discharge. Therefore, this request is not indicated as medically necessary.