

Case Number:	CM14-0036397		
Date Assigned:	07/28/2014	Date of Injury:	04/04/2013
Decision Date:	09/10/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/25/2014

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 & Rehabilitation and is licensed to practice in Nevada. 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 44-year-old male who was reportedly injured on April 4, 2013. The mechanism of injury was noted as falling from a ladder. The most recent progress note dated January 20, 2014, indicated that there were ongoing complaints of low back pain. Multiple epidural steroid injections have been performed with no relief of the backward by symptomology. There was a reported numbness in the anterolateral right thigh. The physical examination demonstrated diminished sensation in the anterolateral aspect of the right proximal lower extremity. Sensation was intact from L2 through S1. Motor was 5/5, and the assessment was consistent with the changes noted on magnetic resonance image. Diagnostic imaging studies objectified a spinal canal stenosis at L3-L4, broad-based disc bulge and facet arthropathy L2-L3, disc protrusions and facet osteophytes at L2-L3, L3-L4 and L4-L5. Previous treatment included multiple medications, physical therapy, steroid injections, pain relief modalities. A request was made for lumbar surgery and was not certified in the pre-authorization process on February 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L3-4 decompression, microdissectomy: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-306.

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

Decision rationale: When noting the date of injury, the mechanism of injury, the multiple findings noted on magnetic resonance image, it is clear that this individual has multiple level, ordinary disease of life degenerative changes that have allowed for a stenosis to occur in compromise in every aspect. Therefore, from a clinical perspective alone, there is a clinical indication to pursue decompression type surgery. Clearly not addressing the sequelae of the compensable event, there is no evidence of a neurogenic claudication that would require surgical intervention. Therefore, from a medical perspective and noting the multiple level changes, there is a clinical indication to pursue the surgery. Therefore the request is medically necessary.

Pre op testing CMP, CBC, PTT, PT, UA: 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 Other Medical Treatment Guideline or Medical Evidence: Preoperative Evaluation Am Fam Physician. 2000 Jul 15; 62(2):387-396.

Decision rationale: It is noted that such testing is not addressed in either the California medical Treatment Utilization Schedule, American College of Occupational and Environmental Medicine or Official Disability Guidelines. However, when noting the age of the injured employee and that the surgical intervention is supported, there is a clinical indication to obtain appropriate preoperative screening tools. Therefore, this is clinically indicated and medically necessary.

Chest X-ray: 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 Other Medical Treatment Guideline or Medical Evidence: Preoperative Evaluation Am Fam Physician. 2000 Jul 15; 62(2):387-396.

Decision rationale: It is noted that such testing is not addressed in either the California Medical Treatment Utilization Schedule, American College of Occupational and Environmental Medicine or Official Disability Guidelines. However, when noting the age of the injured employee and that the surgical intervention is supported, there is a clinical indication to obtain appropriate preoperative screening tools. Therefore, this is clinically indicated. The request is medically necessary and appropriate.

EKG: 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 Other Medical Treatment Guideline or Medical Evidence: Preoperative Evaluation Am Fam Physician. 2000 Jul 15; 62(2):387-396.

Decision rationale: It is noted that such testing is not addressed in either the California Medical Treatment Utilization Schedule, American College of Occupational and Environmental Medicine or Official Disability Guidelines. However, when noting the age of the injured employee and that the surgical intervention is supported, there is a clinical indication to obtain appropriate preoperative screening tools. Therefore, this is clinically indicated. The request is medically necessary.

Back Brace: Overturned

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

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

Decision rationale: Noting that there is a clinical indication for the requested surgery, and there are multiple level degenerative changes, as outlined in the California Medical Treatment Utilization Schedule, this type of device is supported for postoperative treatment. Therefore the request is medically necessary.

Assistant Surgeon: 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 ,updated July 3, 2014.

Decision rationale: This is recommended as an option surgical to situations. Noting the options, the parameters noted in the Official Disability Guidelines, the surgery being pursued, there is a clinical indication for this request. The request is medically necessary and appropriate.

Post Operative Norco 5/325 #60: 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 : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 74-78 of 127.

Decision rationale: As outlined in the California Medical Treatment Utilization Schedule, this is indicated for the short-term management of moderate to severe breakthrough pain. Given that there is a surgical intervention plan, this would be appropriate postoperative analgesic medication. Therefore the request is medically necessary.

Post Operative Robaxin 500 mg # 60: 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 : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 65 of 127.

Decision rationale: This medication is a muscle relaxant intended as a second line option for the short-term management of chronic low back pain. This is not indicated as a postoperative medication. Therefore, based on the parameters outlined in the California Medical Treatment Utilization Schedule, there is no clinical indication for this preparation. The request is not medically necessary.

Post Operative Colace 100mg # 14: 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 : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 77 of 127.

Decision rationale: This is a stool softener useful in the treatment constipation. There is no indication that constipation is present, or there any complaints of this medication. Therefore, there is no data presented to indicate that this should be used in a prophylactic basis. Therefore the request is not medically necessary.