

Case Number:	CM14-0043069		
Date Assigned:	06/30/2014	Date of Injury:	08/30/2010
Decision Date:	07/31/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	04/09/2014

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 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:

This 53-year-old male cook sustained an industrial injury on 8/30/10 relative to a slip and fall. The 7/25/13 initial neurosurgical consult cited severe lower back pain radiating into the lower extremities. He had constant posterior leg pain and left foot drop. Physical exam documented diminished bilateral L5 and S1 dermatomal sensation, left foot drop, pain over the sciatic notch with muscle spasms, and positive bilateral straight leg raise. The diagnosis was left lumbar severe radiculopathy L5 and S1. The 6/24/13 lumbar spine MRI showed severe canal stenosis at L4/5 due to an extruded disc, central broad tear, and bilateral facet arthropathy. There was lateral recess stenosis and foraminal stenosis at L4, L5 and S1 due to severe disc degeneration and herniation with collapse of the disc space. The treatment recommended two-level L4/5 and L5/S1 bilateral laminectomy and partial facetectomy, followed by decompression and fusion. Fusion will be required as the facet joints will need to be resected at both levels. Post-operative aquatic therapy was requested. The 11/5/13 pain management report documented continued severe back pain with left leg symptoms and weakness. His condition was deteriorating. Physical exam documented restricted gait, positive nerve tension signs, left L5 hypoesthesia, and 3/5 extensor hallucis longus weakness. The patient had a large disc extrusion at L4/5, his spinal canal was narrowed to 4 mm, and he had severe left sided stenosis corresponding with his radiculopathy and weakness. His condition was deteriorating and required surgical intervention. The 2/20/14 neurosurgical progress report indicated that the patient had been authorized for surgery with an L4/5 and L5/S1 discectomy and fusion for severe stenosis at L4/5 on the left and central canal stenosis at L4/5 and L5/S1. Surgery was scheduled for 3/24/14. The 3/6/14 utilization review modified a request for L4/5, L5/S1 decompression to L4/5 decompression, but in the body of the report indicated the planned procedure was certified. The request for post-

operative aqua therapy 3x6 was modified to land based therapy 3x4. There were no indications for a gravity eliminated exercise environment post-operatively.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5, S1 Decompression: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 202-208.

Decision rationale: The ACOEM Revised Low Back Disorder guidelines recommend lumbar discectomy for patients with radiculopathy due to on-going nerve root compression who continue to have significant pain and functional limitation after 4 to 6 weeks of time and appropriate conservative therapy. Guideline indications include radicular pain syndrome with current dermatomal pain and/or numbness, or myotomal muscle weakness all consistent with a herniated disc. Imaging findings are required that confirm persisting nerve root compression at the level and on the side predicted by the history and clinical examination. There must be continued significant pain and functional limitation after 4 to 6 weeks of time and appropriate conservative therapy. Guideline criteria have been met for decompressive surgery. Clinical exam and imaging findings are consistent with nerve root compression at L4/5 and L5/S1. There is significant and function-limiting pain. Comprehensive conservative treatment has been tried and has failed. Therefore, this request for L4/5 and L5/S1 decompression is medically necessary.

Post-operative aqua therapy 3x6: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: The California Post-Surgical Treatment Guidelines for surgical treatment of lumbar fusion suggest a general course of 34 post-operative physical medicine visits over 26 weeks, during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical period. The type of physical medicine treatment is at the discretion of the surgeon. In general, aquatic therapy is recommended as an optional form of exercise therapy, as an alternative to land-based physical therapy. Guideline criteria have been met. Therefore, this request for post-operative aqua therapy 3x6 is medically necessary.

