

Case Number:	CM14-0060045		
Date Assigned:	06/20/2014	Date of Injury:	06/09/2012
Decision Date:	07/18/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/12/2014

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, has a subspecialty in Spine Surgery and is licensed to practice in Texas and 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 57-year-old female who reported an injury on 06/09/2012. The mechanism of injury was not submitted for review. The injured worker reportedly sustained an injury to her low back. The injured worker's treatment history included activity modifications, medications, physical therapy, and epidural steroid injections. The injured worker was evaluated on 02/21/2014. It was documented that the patient had severe low back pain radiating into the right lower extremity which had failed to improve with epidural steroid injections. The injured worker's pain was described as 8/10. Physical findings included 3/5 motor strength of the right extensor hallucis longus and a positive straight leg raise test at 90 degrees. It was noted within the clinical note that the injured worker underwent an MRI scan of the lumbar spine on 08/10/2012 that documented mild degenerative hypertrophy of the facet joint associated with mild left foraminal stenosis at the L4-5; moderate acquired central canal stenosis and moderate bilateral foraminal stenosis due to a disc bulge with midline central extrusion, and a disc bulge at the L5-S1 extending into the neural foramina. The injured worker's diagnoses included L4-5 and L5-S1 disc degeneration and stenosis, right cervical radiculopathy with weakness, right shoulder impingement, right carpal tunnel syndrome, reactive depression, and rotator cuff tear of the right shoulder. A request for authorization for a right L4-5 and L5-S1 laminectomy and foraminotomy with possible stabilization with Colfax was submitted with associated postsurgical treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-5, L5-S1 laminectomy and foraminotomy with possible stabilization with Colfax: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The requested right L4-5 and L5-S1 laminectomy and foraminotomy with possible stabilization with Colfax is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends surgical intervention of the low back when there is severe, disabling lower extremity pain in specific dermatomal and myotomal distributions corroborated by an imaging study. The clinical documentation submitted for review does indicate that the injured worker has significant radicular symptoms of the right lower extremity. However, there was no independent report of the MRI submitted with the medical documentation. In the absence of this information, surgical intervention would not be supported. Additionally, Official Disability Guidelines do not recommend dynamic neutralization stabilization such as stabilization with Colfax unless it is being used in surgical intervention for elderly patients. The clinical documentation submitted for review did not provide any justification for the use of this procedure. Therefore, it would not be supported. As such, the requested right L4-5 and L5-S1 laminectomy and foraminotomy with possible stabilization with Colfax is not medically necessary or appropriate.

LSO brace for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Low Back Chapter, Back Brace.

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.

Pneumatic intermittent compression device x 30 day rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Knee & Leg Chapter- compression garments.

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.

Pre-operative medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Low Back Chapter.

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.

Chest x-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Low Back Chapter.

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.

One (1) day inpatient stay: Upheld

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

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-op physical therapy 3 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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.