

Case Number:	CM14-0060978		
Date Assigned:	07/09/2014	Date of Injury:	04/22/2000
Decision Date:	08/26/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	05/01/2014

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 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 67-year-old male who reported an injury on 09/02/1998. The mechanism of the injury was not provided. The injured worker's prior treatments were noted to include an L4-5 fusion and an L5-S1 microdiscectomy in 12/2013. The injured worker underwent an electrodiagnostic study on 02/05/2014 and it was noted that he had evidence of L5-S1 radiculopathy and evidence of moderate peripheral neuropathy in the bilateral lower extremities. The injured worker was evaluated on 03/26/2014 and it was noted that he had weakness consistent with the left S1 dermatomal distribution with complaints of progressive weakness. His diagnoses included herniated disc, lumbar radiculopathy, and lumbago. The injured worker was evaluated on 03/27/2014 and it was documented that he had persistent weakness with left foot plantar flexion that had not been adequately resolved with postsurgical physical therapy. Physical findings at that appointment included weakness of left foot plantar flexion with an antalgic gait. A request was made for revision of the left L5-S1 microdecompression and microdiscectomy. The clinical documentation also included a postsurgical MRI dated 01/15/2014 that documented continued disc desiccation with a 2 mm anterolisthesis of the L5 on the S1 and 5 to 6 mm diffuse broad based disc bulge indenting the anterior thecal sac and causing moderate to severe bilateral recess stenosis and severe left and moderate right neural foraminal stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Redo Left L5-S1 Microdecompression, Microdiscectomy: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Microdiscectomy; Official Disability Guidelines, Low Back Chapter, Discectomy/Laminectomy; Official Disability Guidelines, Indications for Surgery.

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

Decision rationale: The request to redo the Left L5-S1 microdecompression, microdiscectomy is medically necessary and appropriate. The American College of Occupational and Environmental Medicine recommends lumbosacral nerve root decompression for injured workers who have persistent neurological findings identified with electrodiagnostic studies and imaging studies that have failed to respond to conservative treatments. The clinical documentation submitted for review indicates that the injured worker has had postsurgical physical therapy that has failed to provide relief of symptoms. The injured worker also underwent a postsurgical MRI that documented a persistent disc bulge at the L5-S1 that would benefit from additional surgical intervention. As the patient has had progressive neurological deficits and a disc bulge identified on an imaging study supported by an electrodiagnostic study and physical findings, surgical intervention would be indicated in this clinical situation. As such, the requested Redo Left L5-S1 microdecompression and microdiscectomy is medically necessary and appropriate.

Sixteen (16) session of Physical Therapy: Upheld

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

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

Decision rationale: The requested Sixteen (16) Session of physical therapy is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend 16 visits of physical therapy status post discectomy or laminectomy of the low back. However, California Medical Treatment Utilization Schedule recommends an initial treatment period of half the number of recommended visits. This would be equal to 8 visits. Considering the injured worker has already participated in 24 sessions of postsurgical physical therapy from the previous surgery, there are no exceptional factors to support extending treatment beyond Guideline recommendations. As such, the requested Sixteen (16) Session of physical therapy is not medically necessary or appropriate.