MAXIMUS Federal Services

Case Number:	CM14-0079297		
Date Assigned:	08/08/2014	Date of Injury:	08/07/2000
Decision Date:	09/17/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/29/2014

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 48 year old male who had a lifting injury to his back on 08/07/00. Most recent clinical documentation was dated 03/06/14 as a neurosurgical evaluation. Patience the injured worker stated his current pain level was 9/10 but could go as high as 10. Prior treatment includes physical therapy in 2013 which provided some relief and some water therapy which provided him some relief. Current medications include taking Norco and soma which provided him significant relief from the low back and bilateral leg pain. Physical examination was very limited and showed lower extremities extreme weakness. MRI of lumbar spine without contrast dated 11/27/13 was noted the pain the patient was uncomfortable and in pain causing motion related artifacts in spite of repetition of pulse sequences, mild congenital lumbar spinal canal stenosis, no visible lesions of lower cord, conus, or cauda equine; no intradural space occupying lesions detected, discovertebral and facet joint degeneration and mild and mid and lower lumbar spine, neural foraminal narrowing, mainly from L3 to L4 down to L5 to S1. Request at this visit was for MRI and electromyography (EMG) bilateral lower extremities. Prior EMG on 06/06/05 noted bilateral chronic L5 radiculopathy and bilateral S1 nerve root reflex neuropathy. There were no submitted clinical records depicting that the injured worker underwent injection therapy, anticonvulsants. Prior utilization review on 05/01/14 was determined not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar (L) 4-L5, L5- Sacral (S)1 foraminotomy, bilateral: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC): Low Back Procedure Summary (last updated 3/31/14).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 302.

Decision rationale: The request for Lumbar (L) 4 to L5, L5 to Sacral (S) 1 foraminotomy, bilateral, is not medically necessary. The clinical documentation submitted for review as well as current evidence based guidelines do not support the request. There is no documentation of injured worker failing conservative care including physical therapy, injection therapy epidural injections (ESI), anticonvulsants. There is no documentation of nerve root distribution, as well as updated imaging, Electromyography (EMG) studies. Therefore, medical necessity has not been established.

Preoperative: 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) - Treatment in Workers' Compensation (TWC) (last updated 5/10/13).

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, office visits.

Decision rationale: The request for medical clearance is predicated on the initial surgical request. As this has not been found to be medically necessary, the subsequent request is not medically necessary.

Pre-operative: Chest X-rays: 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) - Treatment in Workers' Compensation (TWC) (last updated 5/10/13).

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, Preoperative testing, general.

Decision rationale: The request for preoperative chest Xrays is predicated on the initial surgical request. As this has not been found to be medically necessary, the subsequent request is not medically necessary.

Pre-operative: Electrocardiogram (EKG): 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) - Treatment in Workers' Compensation (TWC) (last updated 5/13/13).

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, Preoperative electrocardiogram (ECG).

Decision rationale: The request for preoperative electrocardiogram (EKG) is predicated on the initial surgical request. As this has not been found to be medically necessary, the subsequent request is not medically necessary.

Pre-operative Lab work: Complete Metabolic Panel (CMP), Complete Blood Count (CBC), Prothrombin Time)PT), Partial Prothrombin Time (PTT), Urine Analysis (UA).: 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) - Treatment in Workers' Compensation (TWC) (last updated 5/10/13).

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, Preoperative lab testing.

Decision rationale: The request for preoperative lab work complete metabolic panel (CMP), complete blood count (CBC), prothrombin time (PT), partial prothrombin time (PTT), urine analysis (UA) is predicated on the initial surgical request. As this has not been found to be medically necessary, the subsequent request is not medically necessary.

Post-operative Medication: Tramadol: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: The request for postoperative medication Tramadol is predicated on the initial surgical request. As this has not been found to be medically necessary, the subsequent request is not medically necessary.

Post-operative: 1014 DME; TLSO brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Treatment in Workmans Compensation (TWC): Low Back Procedure Summary (3/31/2014).

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, Lumbar supports.

Decision rationale: The request for postoperative durable medical equipment (DME) thoracolumbosacral orthosis brace (TLSO) brace is predicated on the initial surgical request. As this has not been found to be medically necessary, the subsequent request is not medically necessary.

Post operative medication: Flexeril: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 41.

Decision rationale: The request for postoperative medication Flexeril is predicated on the initial surgical request. As this has not been found to be medically necessary, the subsequent request is not medically necessary.

Post operative antibiotics: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Sanford Guide to Antimicrobial Therapy 2013.

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, Antibiotics.

Decision rationale: The request for postoperative antibiotics is predicated on the initial surgical request. As this has not been found to be medically necessary, the subsequent request is not medically necessary.

EMG (electromyography) bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC) Low Back Procedure Summary (last updated 3/31/14).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The request for electromyography (EMG) bilateral lower extremities is not medically necessary. The injured worker has been approved for EMG of bilateral lower extremitis on 04/15/14. The report is not avaliable for review. As such, another approval is not medically necessary.

NCS (nerve conduction studies) bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC) Low Back Procedure Summary (last updated 3/31/14).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The request for nerve conduction studies (NCS) bilateral lower extremities is not medically necessary, as there are limited findings to suggest the possibility of peripheral neuropathy or peripheral nerve entrapment. Therefore medical necessity has not been established.