

Case Number:	CM14-0079565		
Date Assigned:	08/08/2014	Date of Injury:	11/07/2004
Decision Date:	09/11/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	05/30/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 59 year old female who sustained an injury on 11/07/04 while pulling a linen cart. The injured worker hit the cart with her left leg and knee which caused left leg pain and numbness. Prior treatment to date has included physical therapy as well as the use of aquatic treatment, epidural steroid injections, and medications. The injured worker was noted to have had a prior lumbar fusion at L3-4. The injured worker had also been followed for concurrent depression and anxiety symptoms secondary to chronic pain. Magnetic resonance image (MRI) studies of the lumbar spine completed on 02/25/14 noted a small amount of annular tearing at L5-S1 present at the right and left lateral sides. There was no evidence of stenosis either in the central canal or in the foramina. The facet joints did appear normal. On 02/10/14, the injured worker reported minimal improvement from epidural steroid injections completed at L5-S1. The injured worker was noted to ambulate with an antalgic gait but had no motor deficits on physical exam. No further evaluations were provided after the MRI study from February of 2014. The requested left-sided L5-S1 decompression with foraminotomy with Vascutherm cold compression unit for 14 day rental, lumbar brace, home health visits, as well as postoperative physical therapy for 18 total sessions and preoperative laboratory studies were all denied by utilization review on 05/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left sided L5-S1 decompression foraminotomy: Upheld

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

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

Decision rationale: The clinical documentation indicated the injured worker had ongoing complaints of pain in the low back radiating to the lower extremities. Recent magnetic resonance image studies of the lumbar spine showed annular tearing at L5-S1 with no evidence of nerve root involvement. There was no evidence of a disc herniation at L5-S1 or evidence of a nerve root compression. The injured worker does not have any updated objective findings and the most recent evaluation noted no motor deficits. Given the absence of any nerve root involvement on imaging or updated evaluations noting any further findings consistent of an L5-S1 radiculopathy, this reviewer would not have recommended this surgical request. Such as, Left sided L5-S1 decompression foraminotomy is not medically necessary.

Vascutherm cold compression unit x 14 day rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines)Knee & LegContinuous flow Cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Continous Cryotherapy.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Lumbar Brace: Upheld

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

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, Back Brace Post-operative.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Home Health initial visit plus 1-2 as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

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, Home health.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-op PT 2x6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-op Labs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice Advisory of Pre-anesthesia Evaluation.

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, Pre-operative testing, general.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.