

Case Number:	CM14-0081203		
Date Assigned:	07/18/2014	Date of Injury:	05/23/2013
Decision Date:	08/25/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/02/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in 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 patient is a 33-year-old male with date of injury of 05/23/2013. The listed diagnoses per [REDACTED] dated 05/08/2014 are status post L5 hemilaminotomy, L5-S1 microdiscectomy for calcified, chronic, industrially acquired disk herniation, and degenerative disk disease at L4-L5, L5-S1. According to this report, the patient is just over 3 months postoperative left L5 hemilaminotomy and L5-S1 microdiscectomy performed on 01/29/2014 by [REDACTED]. The patient complains of lumbar pain and occasional left leg pain with numbness and tingling. He continues physical therapy and reports that it is progressing well. The physical exam shows the patient's gait remains normal without a limp and is unassisted by any ambulatory aid. Mild tenderness is elicited upon palpation at the previous surgical site. Sitting straight leg raise remains negative bilaterally. Bilateral lower extremity integumentary remains dry and pink without edema, atrophy, or fasciculations noted. There are no motor or sensory deficits appreciated on exam. He has localized occasional left leg pain and tingling to the left L5 dermatome. The utilization review denied the request on 05/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Operative MRI of the Lumbar Spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 53. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Thoracic & Lumbar (Acute & Chronic): MRIs (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), MRIs (magnetic resonance imaging).

Decision rationale: This patient presents with low back pain. The patient is status post left hemilaminotomy and L5 S1 microdiscectomy from 01/29/2014. The provider is requesting postoperative MRI of the lumbar spine. The ACOEM Guidelines page 303 on MRI of the lumbar spine states, unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Official Disability Guidelines further states that for uncomplicated low back pain with radiculopathy, it is not recommended until after at least 1 month of conservative therapy, sooner if there is severe progressive neurologic deficit. The provider notes on 05/08/2014 that an updated MRI postoperatively of the lumbar spine will rule out residual versus recurrent disk herniations. Given the patient's persistent problems and Official Disability Guidelines support post-operative MRI, this request is medically necessary.

Twelve (12) Post Operative Physical Therapy Visits - Unspecified body part: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25, 26.

Decision rationale: This patient presents with low back pain. The patient is status post left hemilaminotomy and L5-S1 microdiscectomy from 01/29/2014. The provider is requesting 12 postoperative physical therapy visits. The MTUS postsurgical guidelines page 25 to 26 recommends 16 visits over 8 weeks for discectomy/laminectomy. The physical therapy reports show 12 visits from April to May 2014. The last physical therapy report dated 05/01/2014 notes that the patient still has pain and is not able to sit down for more than 1 hour. MTUS page 8 on pain outcomes and endpoints states that satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In this case, the patient showed minimal benefit from physical therapy. And the requested 12 additional physical therapy sessions when combined with the previous 12 would exceed MTUS postoperative guidelines. Therefore, this request is not medically necessary.