

Case Number:	CM14-0106627		
Date Assigned:	07/30/2014	Date of Injury:	02/24/2013
Decision Date:	01/27/2015	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/09/2014

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 Surgeon and is licensed to practice in New Jersey. 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 49-year-old male who reported injuries of an unspecified mechanism on 02/24/2013. On 06/03/2014, his diagnoses included lumbar disc herniation L3-4, L4-5, radiculopathy, right lower extremity/neuropathic pain, and diabetes mellitus. His complaints included constant severe lower back pain shooting down his legs. He described the pain as sharp and burning. There was tenderness and spasm in the paralumbar musculature upon palpation. His lumbar ranges of motion measured in degrees were forward flexion 60 with pain, extension 10 with pain, right and left lateral tilt 30, and right left rotation 30. He had diminished sensation at the L4-5 nerve root distributions and negative straight leg raising tests bilaterally. An MRI of the lumbar spine on 03/11/2014 revealed disc desiccation at L2-5 with associated loss of disc height; modic type 2 endplate degenerative changes at the inferior endplate of L4 and superior endplate of L5; diffuse disc herniation at L2-3, L3-4, and L4-5 which caused thecal sac indentation with canal stenosis; and neural foraminal narrowing at L4-5. Electrodiagnostic testing on 04/28/2014 revealed electrical evidence of lumbosacral L5-S1 radiculopathy and bilateral and diffuse early peripheral polyneuropathy, but no peripheral nerve compression. He was noted to have undergone epidural steroid injections without relief. His medications were noted to include diclofenac XR 100 mg, tramadol ER 150 mg, omeprazole 20 mg, cyclobenzaprine 7.5 mg, Ondansetron 4 mg, and Wellbutrin 150 mg. There was no rationale or Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Laminectomy, Facetectomy, L4-L5: 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).

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

Decision rationale: The request for Bilateral Laminectomy, Facetectomy, L4-L5 is not medically necessary. The California ACOEM Guidelines note that referral for surgical consultation is indicated for patients who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; activity limitations due to radiating leg pain for more than 1 month or extreme progression of lower leg symptoms; clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair; and failure of conservative treatments to resolve disabling radicular symptoms. Disc herniation may impinge on a nerve root, causing irritation, back and leg symptoms, and nerve root dysfunction. The presence of a herniated disc on imaging study, however, does not necessarily imply nerve root dysfunction. Studies of asymptomatic adults commonly demonstrate intervertebral disc herniations that apparently do not cause symptoms. Some studies show that pain may be due to irritation of the dorsal root ganglion by inflammogens released from a damaged disc in the absence of anatomical evidence of direct contact between neural elements and disc material. Before referral for surgery, clinicians should consider referral for psychological screening to improve surgical outcomes, possibly including standard tests such as the MMPI 2. With or without surgery, more than 80% of patients with apparent surgical indications eventually recover. Although surgery appears to speed short to midterm recovery, surgical morbidity and complications must be considered. Surgery benefits fewer than 40% of patients with questionable physiologic findings. Moreover, surgery increases the need for future surgical procedures with higher complication rates. Patients with comorbid conditions such as diabetes may be poor candidates for surgery. Comorbidities should be weighed and discussed carefully with the patient. Other than epidural steroid injections and pharmacotherapy, there was no documentation submitted regarding conservative care including physical therapy, Acupuncture, or Chiropractic Treatments. There was no documentation of this injured worker being referred for psychological screening. There was no evidence of a discussion regarding his diabetes. The submitted MRI and electrodiagnostic studies showed no evidence of nerve root compromise. The guideline criteria have not been met. Therefore, this request for Bilateral Laminectomy, Facetectomy, L4-L5 is not medically necessary.

Physical Therapy 18 3x6 lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 and 99.

Decision rationale: The request for Physical Therapy 18 3 x 6 lumbar is not medically necessary. The California MTUS Guidelines recommend active therapy for restoring flexibility, strength, endurance, function, range of motion, and to alleviate discomfort. Patients are instructed and expected to continue active therapies at home. The physical medicine guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. The recommended schedule for myalgia and myositis, unspecified, is 9 to 10 visits over 8 weeks. The requested number of visits exceeds the recommendations in the guidelines. Therefore, this request for Physical Therapy 18 3 x 6 lumbar is not medically necessary.

Walker (lumbar) purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines

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, Durable medical equipment (DME), Walking aids.

Decision rationale: The request for walker (lumbar) purchase is not medically necessary. In the Official Disability Guidelines, durable medical equipment (DME) is recommended generally if there is a medical need and if the device or system meets Medicare's definition of DME, defined as equipment which can withstand repeated use, for example, could normally be rented and used by successive patients, and is primarily and customarily used to serve a medical purpose. Assistive devices for ambulation can reduce pain associated with osteoarthritis. Framed or wheeled walkers are preferable for patients with bilateral disease. There was no evidence submitted that this injured worker had unilateral or bilateral osteoarthritis of the knees. It was noted that his gait was within normal limits. The need for a walker was not clearly demonstrated in the submitted documentation. Therefore, this request for walker (lumbar) purchase is not medically necessary.

BGS (lumbar) purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines

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 - Lumbar & Thoracic, Bone growth stimulators (BGS).

Decision rationale: The request for BGS (lumbar) purchase is not medically necessary. The Official Disability Guidelines note that bone growth stimulators (BGS) are under study. There is conflicting evidence, so case by case recommendations are necessary. Some limited evidence exists for improving the fusion rate of spinal fusion surgery in high risk cases, which includes revision pseudoarthrosis, instability, or being a smoker. There was no consistent medical evidence to support or refute use of these devices for improving patient outcomes. There may be

a beneficial effect on fusion rates in patients at high risk but this has not been convincingly demonstrated. There was no evidence that this injured worker was undergoing spinal fusion surgery. Given the lack of documentation as outlined above, there is insufficient information at this time to warrant this device. Therefore, this request for BGS (lumbar) purchase is not medically necessary.