

Case Number:	CM14-0192400		
Date Assigned:	11/26/2014	Date of Injury:	05/20/2014
Decision Date:	01/26/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/18/2014

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 Minnesota. 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 male with a history of mid, upper, and low back pain and neck pain as well as a right arm pain resulting from a fall. The date of injury is reported as 5/20/2014. He fell through the frame of a chair at work. Doctor's first report of occupational injury or illness of 5/23/2014 documents pain in the right upper extremity radiating from the wrist up to the shoulder with an intensity of 6/10. The back pain was reported to be 6-7/10 and radiated into the left lower extremity. He reported his thigh muscles "firing" and thumping. He reported his whole calf was burning. His neck felt like a knife into with a pain level of 6-7/10. X-rays of the back and wrist did not reveal any acute abnormalities. Past history was remarkable for significant prior herniations in the cervical spine as well as lumbar spine with a history of chronic neck and back pain. On examination the height was 73 inches and weighs 216 pounds. There were multiple areas of diffuse mild tenderness in the spine. Range of motion was decreased throughout with pain and guarding. There was spasm palpable at the L5 area. The injured worker complained of pain into the left leg with L5 range of motion. He reported full sensation to light touch. Straight leg raising was negative. Deep tendon reflexes were full and equal. He had full strength in the lower extremities and was able to heel walk and toe walk but with complaint of pain in the back. An MRI scan of the lumbosacral spine was performed on 6/24/14 and revealed partial disc desiccation at L3-4 and L4-5. There was a small posterior disc bulge at L3-4. Facet joints were severely degenerative and hypertrophied. This was beginning to narrow the spinal canal. The posterior epidural fat was preserved. There was a left lateral disc protrusion causing moderate compromise of the left L3 neural foramen. The fat around the nerve root sleeve was nearly obliterated. No significant disc bulge or protrusion was noted at L4-5 or L5-S1. The MRI scan of thoracic spine was normal. The cervical MRI scan revealed multilevel degenerative disc disease without prominent posterior central disc bulges. Multilevel bilateral

neural foraminal narrowing was noted. A left lower extremity EMG and nerve conduction study was recommended and was reported as normal with no evidence of radiculopathy on August 22, 2014. An x-ray of the lumbar spine dated 8/14/2014 showed mild lumbar spondylosis. Cervical spine x-rays revealed moderate to marked degenerative disc disease at C6-7. On 10/2/2014 a left L3-4 transforaminal epidural steroid injection was given. The disputed request pertains to a left L3-4 laminectomy and discectomy. This was noncertified by utilization review as the extent of physical therapy and response to obtained therapy was not provided, the duration and degree of pain relief with the epidural steroid injection of 10/2/2014 was not discussed, the clinical presentation was only significant for sensory loss and the muscle strength of the lower extremities was normal. The electrodiagnostic tests were negative. The guideline criteria were therefore not met.

IMR ISSUES, DECISIONS AND RATIONALES

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

One posterior lumbar left L3-4 laminectomy and discectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

Decision rationale: The California MTUS guidelines indicate surgical considerations in the presence of severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies, preferably with accompanying objective signs of neural compromise, activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms, clear clinical, imaging and electrophysiological evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair and failure of conservative treatment to resolve disabling radicular symptoms. The EMG and nerve conduction study was negative. Documentation indicates 1 transforaminal injection with relief but the degree of relief and the duration of relief is not documented. Conservative treatment with physical therapy including the duration of such treatment and the response to such treatment is not documented. No objective signs of radiculopathy are documented. In light of the above, the request for left posterior lumbar L3-4 laminectomy is not supported by guidelines and as such, the medical necessity is not established.

Associate surgical services: Inpatient stay, one day: 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) Low Back Chapter, Hospital Length of Stay (LOS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

Decision rationale: The surgery is not medically necessary. Therefore the request for inpatient stay for one day is not medically necessary.

Associate surgical services: DME walker with wheels: 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) Knee and Leg Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

Decision rationale: The surgery is not medically necessary. Therefore the request for the walker with wheels is also not medically necessary.

Associate surgical services: Raised toilet seat: 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) Knee and Leg Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

Decision rationale: The requested surgery is not medically necessary. Therefore the request for raised toilet seat is also not medically necessary.

Associate surgical services: Grabber: 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) Knee and Leg Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

Decision rationale: The requested surgery is not medically necessary. Therefore the request for a grabber is also not medically necessary.