

Case Number:	CM15-0135369		
Date Assigned:	07/23/2015	Date of Injury:	09/09/1986
Decision Date:	09/15/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/13/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery

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 69 year old female with an industrial injury dated 09/09/1986. Her diagnosis was symptomatic lumbar spinal stenosis. Prior treatment included physical therapy, medical management and pain management. She presents on 06/23/2015 for follow up of lumbar spine. She states since her last visit in November 2014 she had increased back pain with lower extremity radiculopathy. She had limited standing and walking tolerance and it had progressed to the point where it affected her activities of daily living. Physical examination of the thoracolumbar spine noted tenderness in the mid and lower lumbar spine. She had limited extension past the neutral position. Straight leg raise test, femoral stretch test and Patrick's test was negative. There was some decreased sensation along the lumbar 5 distribution. MRI of the lumbar spine dated 08/07 2014 showed a disc bulge at lumbar 1-2, lumbar 2-3, lumbar 3-4, lumbar 4-5 and lumbar 5- sacral 1. L5/S1 demonstrates disc bulge with no stenosis. L3/4 level demonstrates mild canal and left lateral recess stenosis and moderate to severe foraminal narrowing. The treatment plan is for surgery and associated surgical services. The treatment request for outpatient pre-operative labs, PT, PTT, chest X-ray; medical clearance: history and physical (H&P); EKG; basic senior metabolic panel; BBC and UA is listed as UR not conducted. The treatment request is for: Associated surgical services: hospital length of stay (LOS) for 2 days. Associated surgical services: post-operative physical therapy 12 sessions to the lumbar spine. Associated surgical services: purchase of sleep brace. Inpatient lumbar decompression from L3-L4 to L5-S1 (lumbar 3-lumbar 4 and lumbar 5- sacral 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient lumbar decompression from L3-L4 to L5-S1: 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): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Discectomy/laminectomy.

Decision rationale: CA MTUS/ACOEM Low back complaints, pages 308-310 recommends surgical consideration for patients with persistent and severe sciatica and clinical evidence of nerve root compromise if symptoms persist after 4-6 weeks of conservative therapy. According to the ODG Low Back, discectomy/laminectomy criteria, discectomy is indicated for correlating distinct nerve root compromise with imaging studies. In this patient there are no notes documenting progressive symptoms or a clear lumbar radiculopathy. In addition the MRI report of the lumbar spine from 8/7/14 demonstrates no stenosis to warrant decompression at L5/S1. Therefore the guideline criteria have not been met and determination is not medically necessary.

Associated surgical services: Hospital length of stay (LOS) for 2 days: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Associated surgical services: Purchase of sleep brace: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Post-operative physical therapy 12 sessions to the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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