

Case Number:	CM15-0196741		
Date Assigned:	10/19/2015	Date of Injury:	10/25/2013
Decision Date:	12/01/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/06/2015

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: Minnesota, Florida

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 63 year old male who sustained an industrial injury October 25, 2013. Past history included rib fractures. Past treatment included anti-inflammatory medication, injections for the back (unspecified) physical therapy and acupuncture. According to a primary treating physician's progress report dated September 8, 2015, the injured worker returned for follow-up with persistent pain in the neck, lower back, and left shoulder. He rated his pain 4 out of 10. With the use of Kera-Tek analgesic gel he reduces his pain form a 7-8 out of 10 down to 3-4 out of 10. Objective findings; 5'7" and 180 pounds; cervical spine, decreased range of motion, cervical compression test positive on the right, Spurling's positive bilaterally, sensation is normal in the C5-6 distributions bilaterally; left shoulder, decreased range of motion, drop arm, supraspinatus, apprehension, and Speed's tests were negative, Neer's and Hawkin's were positive; lumbar spine, decreased range of motion, straight leg raise positive on the left Kemp's positive bilaterally; able to heel toe walk bilaterally; sensation in the L5-S1 nerve distributions normal on the right and decreased on the left side. Diagnoses are cervical sprain, strain, rule out disc herniation; multilevel disc disease with severe spinal stenosis L4-L5 due to disc bulge; left shoulder rotator cuff syndrome, rule out tear; rule out post-concussion syndrome. Treatment plan included obtaining report from pain management, dispensing medication, certified L4-5 lumbar laminectomy and decompression, and at issue, a request for authorization for associated surgical services inpatient stay x 2 days and post-operative physical therapy. An MRI of the lumbar spine dated May 29, 2015, (only page one present in the medical record) treating physician documented June 26, 2015 multilevel disc disease with severe spinal stenosis L4-L5 due to disc bulge and thickening of the flavum and facet arthropathy. Toxicology screens dated June 2, 2015 and August 4, 2015, are present in

the medical record. According to utilization review dated September 21, 2015, the requests for L4-L5 Lumbar Laminectomy and Decompression with a 2- Day length of stay was modified to a L4-L5 Lumbar Laminectomy and Decompression with a (1) day length of stay. The request for Post-operative Physical Therapy 2 x 6 was modified to (8) sessions of Physical Therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Low Back.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Low Back.

Decision rationale: The injured worker has undergone a laminectomy and decompression at L4-5. California MTUS guidelines indicate 16 visits over 8 weeks for a lumbar laminectomy/discectomy. The initial course of therapy is one-half of these visits, which is 8. The request as stated is for 12 visits, which exceeds the guideline recommendation of 8 visits. As such, the medical necessity of the request has not been substantiated. The request is not medically necessary.

Associated surgical service: Inpatient stay x 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 base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Low back, Topic: Hospital length of stay.

Decision rationale: ODG guidelines indicate the best practice target for hospital length of stay for a lumbar laminectomy with no complications is 1 day. The request as stated is for 2 days which exceeds the guideline recommendation. As such, the medical necessity of the request has not been substantiated. The request is not medically necessary.