

Case Number:	CM15-0199147		
Date Assigned:	10/14/2015	Date of Injury:	03/01/2013
Decision Date:	11/23/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/09/2015

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, Oregon, Washington
 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 53 year old female, who sustained an industrial injury on March 1, 2013, incurring low back injuries. She had a previous history of back injuries. Lumbar Magnetic Resonance Imaging revealed disc herniation and damage. She was diagnosed with a lumbar spine strain, lumbar disc disease with radiculopathy. Treatment included anti-inflammatory drugs, proton pump inhibitor, muscle relaxants, lumbar epidural steroid injection, chiropractic sessions, and restricted activities. Currently, the injured worker complained of persistent low back pain radiculopathy into the left lower extremity with lumbar tenderness and frequent muscle spasms. She was noted to have painful and restricted range of motion with dysesthesia. Magnetic Resonance Imaging of the lumbar spine on March 31, 2015, revealed multiple disc protrusions, facet hypertrophy, foraminal stenosis and straightening of the normal lumbar lordosis. The consistent low back pain and discomfort interfered with her activities of daily living. The treatment plan that was requested for authorization on October 9, 2015, included a lumbar micro discectomy, hemilaminotomy, Foraminotomy and Decompression, postoperative physical therapy twice a week for 6 weeks and postoperative cryotherapy twice a week for 6 weeks. On September 21, 2015, request for lumbar surgical interventions, postoperative physical therapy and cryotherapy was non-approved by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5, L5-S1 Microdiscectomy Right Sided & Hemilaminotomy, Foraminotomy, Decompression: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, discectomy/laminectomy criteria.

Decision rationale: CA MTUS/ACOEM Low back complaints, page 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. Therefore the guideline criteria have not been met and determination is for not medically necessary.

Postoperative Physical Therapy 2x6 Weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations, and Postsurgical Treatment 2009, Section(s): Low Back. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, discectomy/laminectomy criteria.

Decision rationale: Per the CA MTUS/Post-Surgical Treatment Guidelines, pages 25-26 recommend the following: Intervertebral disc disorders without myelopathy (ICD9 722.1; 722.2; 722.5; 722.6; 722.8): Postsurgical treatment (discectomy/laminectomy): 16 visits over 8 weeks. Postsurgical physical medicine treatment period: 6 months. The guidelines recommend an "initial course of therapy" to mean one half of the total number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. In this case the requested number of visits exceeds the recommended initial course of therapy and thus the determination is for not medically necessary. Additionally the requested medical procedure is not medically necessary and therefore the associated surgical services are not medically necessary.

Post-op Cryotherapy 2x6 Weeks: 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).

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 section, cold/heat packs.

Decision rationale: CA MTUS/ACOEM is silent on the issue of continuous flow cryotherapy. According to the ODG Low Back section, cold/heat packs is recommended as an option for acute pain. It is recommended for at home application of cold packs for the first few days of acute complaint. The ODG does not recommend a motorized hot cold therapy unit such as vascutherm as cold packs is a low risk cost option. Therefore the determination is for not medically necessary. The requested medical procedure is not medically necessary and therefore the associated surgical services are not medically necessary.