

Case Number:	CM15-0199449		
Date Assigned:	10/15/2015	Date of Injury:	06/19/2010
Decision Date:	11/24/2015	UR Denial Date:	09/11/2015
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: Illinois, California, Texas
 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:

This injured worker is a 51-year-old male who sustained an industrial injury on 6/19/10. Injury occurred when he was working as a home care provider and slipped and fell while lifting a client from a shower chair. Conservative treatment included medications, Toradol injections, heat, and activity modification. The 5/22/12 EMG/NCV study documented electrodiagnostic evidence of right L5 radiculopathy. The 7/31/14 lumbar spine MRI impression documented an L2/3 focal central disc protrusion causing spinal canal and bilateral neuroforaminal stenosis that contacted the visualized bilateral L2 exiting roots. There was a broad-based disc protrusion at L3/4 causing spinal canal and bilateral neuroforaminal stenosis that contacted the visualized bilateral L3 exiting roots. At L4/5, there was a broad-based disc protrusion causing spinal canal, right lateral recess, and bilateral neuroforaminal stenosis that contacted the left and deviated the right L4 exiting roots. At L5/S1, there was a broad-based disc protrusion causing spinal canal and bilateral neuroforaminal stenosis that contacted the visualized bilateral L5 exiting roots. The 8/11/15 treating physician report cited lower back pain that was 4/10 with medications and 9-10/10 without medications. Conservative treatment had included medications and injection therapy. Physical exam documented decreased range of motion, lumbar paravertebral muscle spasms, positive right straight leg raise, and decreased right lower extremity sensation. Authorization was requested for an outpatient lumbar laminectomy and discectomy at L2-S1 with purchase of a walker and a back brace. The 9/11/15 utilization review non-certified the request for outpatient lumbar laminectomy and discectomy at L2-S1 with purchase of a walker and a back brace as there was no clear evidence of the medical necessity for a 4-level

decompression surgery. The 9/28/15 treating physician report cited continued low back pain radiating down the right leg with pins and needles. Pain was 4/10 with medications and 9-10/10 without. Physical exam documented decreased and painful lumbar range of motion, bilateral lumbar paravertebral muscle spasms, positive nerve tension signs on the right, and decreased sensation on the right at L4/5 and L5/S1. The diagnosis included lumbar discogenic disease with radiculopathy, herniated nucleus pulposus L4/5 and chronic lower back pain. The treatment plan recommended continued medications, and a lumbar spine laminectomy and discectomy L2 to S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient lumbar laminectomy and discectomy at L2-S1 level: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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: Discectomy/Laminectomy.

Decision rationale: The California MTUS recommend surgical consideration when there is severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise. Guidelines require clear clinical, imaging and electrophysiologic evidence of a lesion that has been shown to benefit both in the short term and long term from surgical repair. The guidelines recommend that clinicians consider referral for psychological screening to improve surgical outcomes. The Official Disability Guidelines recommend criteria for lumbar discectomy that include symptoms/findings that confirm the presence of radiculopathy and correlate with clinical exam and imaging findings. Guideline criteria include evidence of nerve root compression, imaging findings of nerve root compression, lateral disc rupture, or lateral recess stenosis, and completion of comprehensive conservative treatment. Guideline criteria have been met. This injured worker presents with persistent and function-limiting right lower extremity pain. Clinical exam findings are consistent with imaging evidence of multilevel degenerative disc disease and spinal stenosis with plausible L2-S1 nerve root compromise. Evidence of a long-term reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary at this time.

Durable Medical Equipment (DME) purchase of walker: Overturned

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: The California MTUS and Official Disability Guidelines (ODG) do not address the use of walkers in low back complaints. The MTUS guidelines recommend limited restriction of activity to avoid deconditioning. The ODG states that disability, pain, and age-related impairments determine the need for a walking aid. Assistive devices can reduce pain and allow for functional mobility. The use of a front wheel walker seems reasonable to allow for early post-operative mobility with reduced pain. Therefore, this request is medically necessary.

Durable Medical Equipment (DME) purchase of back brace: Overturned

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM). Occupational Medical Practice Guidelines 2nd Edition. Chapter 12 Low Back Disorders. (Revised 2007) page(s) 138-139.

Decision rationale: The California MTUS guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The revised ACOEM Low Back Disorder guidelines do not recommend the use of lumbar supports for prevention or treatment of lower back pain. However, guidelines state that lumbar supports may be useful for specific treatment of spondylolisthesis, documented instability, or post-operative treatment. The use of a lumbar support in the post-operative period for pain control is reasonable and supported by guidelines. Therefore, this request is medically necessary.