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| Case Number: | CM15-0036467 | | |
| Date Assigned: | 03/05/2015 | Date of Injury: | 02/10/2012 |
| Decision Date: | 04/17/2015 | UR Denial Date: | 02/05/2015 |
| Priority: | Standard | Application Received: | 02/26/2015 |

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: Pediatrics, Neurological 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 50-year-old male who reported an injury on 02/10/2012. The mechanism of injury was cumulative exposure to physical job duties. Prior surgical history included a right shoulder hemiarthroplasty on 12/09/2013, a right total knee replacement and right shoulder total joint replacement. The injured worker was noted to undergo lumbar MRIs and a lumbar CT scan previously. The documentation indicated the injured worker underwent an MRI of the lumbar spine on 02/27/2014, which revealed at L4-5 there was severe disc space narrowing with a disc osteophyte complex with facet arthropathy and ligamentum hypertrophy causing mild canal stenosis and abutment of the left L5 nerve root and left foraminal stenosis causing impossible L4 nerve root impingement. At L5-S1, there was a disc extrusion causing mild to moderate canal narrowing and abutment of the right S1 nerve root and right foraminal narrowing impinging on the right L5 nerve root. The documentation of 01/28/2015 revealed the injured worker had low back pain and bilateral leg pain. The injured worker had temporary pain post a left L4-5 transforaminal block on 08/07/2013. The physician documentation indicated the injured worker's MRI revealed evidence of bi L4-5 and L5-S1 degenerative spondylosis with central canal and foraminal stenosis. The injured worker underwent an L5-S1 transforaminal block on 12/15/2014, which provided 60% to 70% temporary relief lasting 4 to 6 weeks. The back pain was accompanied by bilateral leg pain. The injured worker's ability to walk was slow and deliberate and was difficult. The injured worker could stand for 20 minutes. The injured worker had intermittent numbness of the medial aspect of the right ankle and dorsal aspect of the left foot. The physical examination revealed the injured worker walked with a slight forward lumbar

list. The forward and backward lumbar flexion were 45 degrees and 20 degrees. The sciatic notch stress test was equivocal on the right and negative on the left. The femoral stretch test was negative. The deep tendon reflexes were 1+ at the knees and ankles. There was decreased sensation of the right L4 and left L5 dermatomes. Lower extremity examination revealed motor strength of 5/5 in all muscle groups. The injured worker had x-rays, which revealed advanced degenerative changes at L4-5 and L5-S1 with endplate lipping, disc space collapse and facet hypertrophy. The physician documented the MRI of 02/27/2014 revealed bilateral foraminal stenosis at L4-5 and L5-S1. The diagnosis included L4-5 and L5-S1 degenerative spondylosis with foraminal stenosis at L4 and L5 radiculitis. The treatment plan included a posterior L4-5 and L5-S1 laminectomy and partial facetectomy. Additionally, the physician documented a preoperative lumbar MRI would be necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient hospital stay, 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.

Pre-operative MRI (magnetic resonance imaging), lumbar: 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 Official Disability Guidelines (ODG) Low Back Chapter, MRIs (magnetic resonance imaging).

Decision rationale: The Official Disability Guidelines indicate a repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms or findings suggestive of a significant pathology. The prior official MRI was not provided for review. There was a lack of documentation indicating the injured worker had a significant change in symptoms or findings suggestive of a significant pathology. Given the above and the lack of documentation, the request for preoperative MRI lumbar is not medically necessary.

Posterior lumbar/sacroiliac (L4-5, L5-S1) laminectomy and facetectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-328.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 305-307.

Decision rationale: The American College of Occupational and Environmental Medicine indicate a surgical consultation may be appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies preferably with accompanying objective signs of neural compromise. There should be documentation of activity limitations due to radiating leg pain for more than 1 month or the extreme progression of lower leg symptoms, and clear clinical, imaging and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair and documentation of a failure of conservative treatment to resolve disabling radicular symptoms. There would be no need for electrophysiologic evidence. The clinical documentation submitted for review failed to provide documentation of the official MRI. There were x-ray findings of disc space collapse and decreased sensation at L4 and L5. There were no noted objective findings at L5-S1. There was a lack of documentation of a failure of conservative care as the duration and frequency and type of conservative care with the exception of injections was not provided. Given the above, the request for posterior lumbar/ sacroiliac (L4-5, L5-S1) laminectomy and facetectomy is not medically necessary.

Durable medical equipment (DME) walker with front wheels: 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.

Raised toilet seat: 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.

Grabber: 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.