

Case Number:	CM15-0036874		
Date Assigned:	03/05/2015	Date of Injury:	10/08/2012
Decision Date:	04/16/2015	UR Denial Date:	02/17/2015
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: 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 31 year old male, who sustained an industrial injury on October 8, 2012. The diagnoses have included disc herniation and radiculopathy. A progress note dated January 22, 2015 provided the injured worker complains of back and leg pain. He reports he has been unable to do physical or aquatic therapy due to activity-induced pain. Physical exam reveals lumbar spasm and limited range of motion (ROM). Utilization review determination is dated February 17, 2015. Application for independent medical review (IMR) is dated February 25, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal lumbar interbody fusion (TLIF), L4-L5, L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307, 310.

Decision rationale: The available documentation indicates that the injured worker has been certified for 2 level decompression at L4-5 and L5-S1. With regard to a spinal fusion California MTUS guidelines indicate patients with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion. Other indications mentioned include spinal fracture, dislocation or spondylolisthesis if there is instability and motion in the segment operated on. Lumbar fusion in patients with other types of low back pain very seldom cures the patient. On page 310 the guidelines do not recommend spinal fusion in the absence of fracture, dislocation, complications of tumor, or infection. The documentation submitted does not indicate evidence of instability or any of the conditions mentioned above. As such, the guidelines do not support the request for transforaminal lumbar interbody fusion at L4-S1 and the medical necessity of the request has not been substantiated.

Post-op aquatic therapy, 3 times a week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22, Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: California MTUS chronic pain guidelines recommend aquatic therapy as an optional form of exercise therapy where available as an alternative to land based physical therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example in obesity. Utilization review has certified 15 postoperative visits for aquatic therapy. The postsurgical treatment guidelines recommend 16 visits over 8 weeks for laminectomy and discectomy. The initial course of therapy is one-half of these visits which is 8. Then with documentation of objective functional improvement a subsequent course of therapy of 8 visits may be prescribed. The request as stated for 18 visits exceeds the guideline recommendations and as such, the medical necessity of the request has not been substantiated.

Associated Surgical Service: LSO back brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: The California MTUS guidelines indicate lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Activities causing an increase in low back symptoms should be reviewed with the patient and modifications advised. While the patient is recovering from low back symptoms, activities that do not aggravate symptoms can be maintained and exercises to prevent debilitation due to inactivity can be advised. The guidelines do not recommend immobilization with a lumbosacral orthosis after

decompressive surgery. As such, the request for a lumbosacral orthosis is not supported, and the medical necessity has not been substantiated.