MAXIMUS Federal Services

Case Number:	CM15-0043071		
Date Assigned:	03/13/2015	Date of Injury:	05/19/2013
Decision Date:	05/01/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/06/2015

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: Oregon, California
Certification(s)/Specialty: 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 28-year-old male who reported an injury on 05/19/2013. The mechanism of injury was lifting. His diagnosis was noted as disc injuries at L4-5 and L5-S1 with annular tears and protrusions with severe lateral canal stenosis. His past treatments were noted to include activity modification, physical therapy, medication, TENS unit, topical creams, and injections. His diagnostic studies were noted to include an MRI of the lumbar spine performed on 10/02/2014, which was noted to reveal, a disc decreased in height and signal intensity at L5-S1 with a 2.5 mm central and left lateral disc bulge which abuts the left S1 nerve root. A disc decreased in height and slightly increased in signal intensity at L4-5 with a 3.6 mm central and leftward disc bulge/protrusion which abuts the ventral surface of the thecal sac and left L5 root. His surgical history was not provided. During the assessment on 01/22/2015, the injured worker complained of severe lower back pain with radiation of pain and weakness into both legs, more on the left side. The physical examination revealed spasm and pain to palpation of the lower lumbar spine, and the active range of motion was reduced to about 50% of expected with complaint of pain. There was a positive straight leg raise bilateral at 30 degrees on the left and 60 degrees on the right with pain in the lumbosacral area, and spasm of the paraspinal muscles. His medication was noted to include hydrocodone, dose and frequency was not provided. The treatment plan was to request authorization for a 2 level discectomy and fusion through the anterior route. The rationale for the request was to offer a long term solution, as the injured worker had severe lateral canal stenosis. The Request for Authorization form was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior lumbar interbody fusion L4-5 and 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, Chronic Pain Treatment Guidelines.

Decision rationale: The request for anterior lumbar interbody fusion L4-5 and L5-S1 is not medically necessary. The California MTUS/ACOEM Guidelines state that patients with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion. However, there was no documentation found on physical examination or diagnostic studies to indicate instability. Furthermore, a psychosocial screen with confounding issues was not indicated. As such, the request is not medically necessary. The request for postoperative aquatic therapy is not medically necessary.

Post-operative aquatic therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

Decision rationale: The California MTUS Guidelines recommend aquatic therapy as an optional form of exercise, where available, as an alternative to land based physical therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended when reduced weight bearing is desirable. However, the clinical documentation does not indicate the need for reduced weight bearing. There was no rationale provided to justify the request for aquatic therapy over land-based therapy. As such, the request is not medically necessary.

Durable medical equipment (DME) LSO back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Durable medical equipment (DME).

Decision rationale: The request for durable medical equipment (DME) LSO back brace is not medically necessary. The Official Disability Guidelines state that back brace for postoperative fusion is under study, but given the lack of evidence supporting the use of these devices, standard brace would be preferred over a custom postoperative brace, if any, depending on the experience and expertise of the treating physician. However, as the requested lumbar interbody fusion was not found medically necessary at this time, the request for the postoperative back brace is also not supported. As such, the request is not medically necessary.