

Case Number:	CM15-0059227		
Date Assigned:	04/03/2015	Date of Injury:	03/10/2010
Decision Date:	05/08/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/29/2015

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: New York
 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 58 year old female, who sustained an industrial injury on 3/10/10. She reported pain in her lower back. The injured worker was diagnosed as having lumbar radiculitis and post laminectomy syndrome. Treatment to date has included an L4-L5 right laminotomy, mesial facetectomy and forminotomy on 10/31/12, physical therapy, lumbar epidural injection, a lumbar MRI and pain medications. As of the PR2 dated 1/20/15, the injured worker reports no relief from lumbar epidural injection. She has 10/10 pain in the right lower back that radiates to the right lower extremity. The treating physician requested to redo a right L4-L5 laminotomy and subtotal facetectomy with posterior stabilization and possible fusion, a 2 day inpatient stay, a pneumatic intermittent compression device, post-operative physical therapy 3 x weekly for 6 weeks and Norco 5/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Redo Right L4-L5 Laminotomy and Subtotal Facetectomy with Posterior Stabilization and Possible Fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Laminectomy/Laminotomy, Discectomy/Laminectomy, Fusion (spinal).

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

Decision rationale: The California MTUS guidelines do recommend a spinal fusion for traumatic vertebral fracture, dislocation and instability. This patient has not had any of these events. The California MTUS guidelines note that surgical consultation is indicated if the patient has persistent, severe and disabling lower extremity symptoms. The documentation shows this patient has been complaining of pain in the hip, knee and low back. Documentation shows examination findings consistent with a right knee meniscus problem. It does not disclose disabling lower extremity symptoms. The guidelines also list the criteria for clear clinical, imaging and electrophysiological evidence consistently indicating a lesion which has been shown to benefit both in the short and long term from surgical repair. Documentation does not show this evidence. The requested treatment is for a redo laminectomy and subtotal facetectomy with posterior stabilization and possible fusion. The guidelines note that the efficacy of fusion without instability has not been demonstrated. Documentation does not show instability. Requested Treatment: Redo Right L4-L5 Laminotomy and Subtotal Facetectomy with Posterior Stabilization and Possible Fusion are not medically necessary and appropriate.

Pneumatic Intermittent Compression Device: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg, Venous thrombosis.

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.

Post-Operative Physical Therapy, 3 times weekly for 6 weeks for the Lumbar Spine:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Page(s): 26.

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.

2 Day Inpatient Stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Length of Stay.

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.

Norco 5/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 75, 91, 78-80 and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids- On going management Page(s): 78.

Decision rationale: The California MTUS guidelines for opioids use advise actions which should include the 4 A's for ongoing monitoring. Documentation is not provided to support use of the 4 A's. The lowest possible dose which will improve pain and function is recommended. Documentation is not provided as to how this dose was found. Requested Treatment: Norco 5/325mg #90 is not medically necessary and appropriate.