

Case Number:	CM13-0039925		
Date Assigned:	12/20/2013	Date of Injury:	09/28/2010
Decision Date:	02/24/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/28/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopaedic Surgery and is licensed to practice in New Hampshire, New York, and Washington. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 51-year-old male sustained an injury on September 8, 2010 when his foot slipped and he fell. His diagnosis includes cervical lumbar disc herniations and lumbar disc herniations. The patient has been treated with physical therapy and medication, and he continues to have pain. He has had lumbar epidural steroid injections with some relief. Examination of the cervical spine reveals decreased range of motion of the cervical spine. Sensation is diminished in the right C6-C7 dermatomes. There is 4/5 weakness of the biceps triceps and opponens pollicis muscle. Examination of the lumbar spine reveals reduced range of motion of the lumbar spine and weakness of the extensor hallucis longus (EHL), tibialis anterior, and gastrocnemius complex. Sensation is diminished in the right C6-C7 dermatomes. The patient has a lumbar MRI that demonstrates L3-4 and L4-5 disc bulges with some foraminal stenosis. A lumbar MRI performed on March 29, 2013 reveals a 3 mm disc bulge at L3-4 and the 4 mm disc bulge at L4-5. There is some bilateral foraminal narrowing. There is a 3 mm disc bulge at L5-S1 without evidence of spinal stenosis. There are multiple levels of disc degeneration present on the MRI. Prior treatments have included physical therapy, medications, and lumbar epidural steroid injections. He reports 50% relief from the lumbar steroid injection. The patient continues to complain of low back pain. He also complains of chronic neck pain

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Postsurgical Treatment Guidelines.

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

Decision rationale: The medical records do not support the need for any lumbar spinal surgery at this time. Specifically the records do not document a concrete & defined lumbar radiculopathy that is correlated with specific findings of exact nerve root compression on imaging studies. The lumbar MRI shows levels of foraminal narrowing without instability and without severe nerve root compression. Imaging studies are not correlated with physical exam findings of lumbar radiculopathy in this case. In addition, the patient has no red flag indicators for spinal fusion or decompressive surgery. Patient does not have progressive weakness and there is no documented concern for fracture or tumor or progressive neurologic deficit. Because the lumbar spine surgery is not medically necessary, then all associated postoperative items are not needed. MTUS Criteria for spinal surgery are not met

1 Transportation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment for Workers' Compensation, Online Edition.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment for Workers' Compensation, Online Edition.

Decision rationale: The medical records do not support the need for any lumbar spinal surgery at this time. Specifically the records do not document a concrete & defined lumbar radiculopathy that is correlated with specific findings of exact nerve root compression on imaging studies. The lumbar MRI shows levels of foraminal narrowing without instability without severe nerve root compression. Imaging studies are not correlated with physical exam findings of lumbar radiculopathy in this case. In addition, the patient has no red flag indicators for spinal fusion or decompressive surgery. Patient does not have progressive weakness and there was no documented concern for fracture or tumor or progressive neurologic deficit document.

request for 36 Post-Operative Physical Therapy Visits: 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, Postsurgical Treatment Guidelines.

Decision rationale: The medical records do not support the need for any lumbar spinal surgery at this time. Specifically the records do not document a concrete & defined lumbar radiculopathy that is correlated with specific findings of exact nerve root compression on imaging studies. The lumbar MRI shows levels of foraminal narrowing without instability without severe nerve root compression. Imaging studies are not correlated with physical exam findings of lumbar radiculopathy in this case. In addition, the patient has no red flag indicators for spinal fusion or decompressive surgery. Patient does not have progressive weakness and there was no documented concern for fracture or tumor or progressive neurologic deficit document. Because the lumbar surgeries not medically necessary, then all associated postoperative items are not needed. The patient has also had many physical therapy documented visits to date. Additional physical therapy visits but not medically necessary at this time.