

Case Number:	CM14-0116745		
Date Assigned:	09/23/2014	Date of Injury:	06/09/2012
Decision Date:	10/28/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/24/2014

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. The expert reviewer is Board Certified in Orthopedic Spine Surgeon and is licensed to practice in Texas. 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/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 injured worker is a 57-year-old female who reported an injury on 06/09/2012. The mechanism of injury was not stated. Current diagnoses include lumbar disc degeneration/stenosis, right cervical radiculopathy, right shoulder impingement, right carpal tunnel syndrome, reactive depression, bilateral chronic S1 radiculopathy, possible rotator cuff tear in the right shoulder, and left breast implant displacement secondary to trauma. Previous conservative treatment was noted to include rest, medication management, physical therapy, and injections. The injured worker was evaluated on 07/02/2014 with complaints of ongoing neck pain with radiation into the right upper extremity as well as shoulder pain and lower back pain with radiation into bilateral lower extremities. The current medication regimen includes naproxen, Norco, Protonix, Fexmid, and Restoril. The physical examination revealed a normal gait, decreased sensation in the right L3 through S1 dermatomes, limited lumbar range of motion, and motor weakness in the right lower extremity. The injured worker also demonstrated a positive straight leg raise on the right and absent Achilles and knee prescriptions bilaterally. The treatment recommendations at that time included an L4-5 and L5-S1 laminotomy and foraminotomy with possible stabilization. Preoperative medical clearance, postoperative durable medical equipment, and postoperative physical therapy were also requested at that time. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4 -5 and L5 - S1 Laminotomy and Foraminotomy With Possible Stabilization with Coflex.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301,305,306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Dynamic Neutralization System

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Discectomy/ laminectomy, Dynamic neutralization system (Dynesys®).

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms; activity limitations for more than 1 month; clear clinical, imaging, and electrophysiologic evidence of a lesion; and a failure of conservative treatment. The Official Disability Guidelines state prior to a discectomy/laminectomy, there should be objective evidence of radiculopathy upon physical examination. Imaging studies should indicate nerve root compression, lateral disc rupture, or lateral recess stenosis. Conservative treatment should include activity modification, drug therapy, and epidural steroid injections. There should also be documentation of the completion of physical therapy, manual therapy, or a psychological screening. As per the documentation submitted, the injured worker has completed conservative treatment in the form of activity modification, medication management, physical therapy, and injections. However, the Official Disability Guidelines state dynamic neutralization stabilization is not recommended for nonspecific low back pain and may be an option for spondylolisthesis in elderly patients instead of a lumbar fusion. There was no documentation of spondylolisthesis. Therefore, the medical necessity for stabilization with Coflex has not been established. As such, the current request cannot be determined as medically appropriate at this time.

Pre-Op Medical Clearance and Chest Xray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Patients Undergoing High-Risk Surgery

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-OP LSO Brace - Purchase: 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.

Pneumatic Intermittent Compression Device x 30 Days Rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Compression Device

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.

Front Wheeled Walker Purchase: 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.

1 Day In-Patient Stay: 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.

Cold Therapy Unit x 30 Day Rental: 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.

Assistant Surgeon: 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.

Post Op Physical Therapy 3 x 6 Weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG):
Radiculopathy

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.