

Case Number:	CM14-0093307		
Date Assigned:	08/08/2014	Date of Injury:	01/08/2013
Decision Date:	09/15/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/19/2014

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 Neurological Surgery and is licensed to practice in Texas and Michigan. 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 64-year-old female who reported an injury on 1/8/13 to her low back. The clinical note dated 05/08/14 indicates the injured worker complaining of severe levels of lumbar region pain, left greater than right. Upon exam, diffused tenderness was identified in the lower lumbar area. The injured worker was identified as having a positive straight leg raise on the left at 30 degrees and on the right at 60 degrees. Hypoesthesia was identified in the L5 distribution. Absent reflexes were identified at the ankle on the left. The MRI of the lumbar spine dated 02/28/14 revealed a small central protrusion at the L4 to L5 level. The protrusion extends 5 millimeter posteriorly and contacts the bilateral L5 nerve roots. No neuroforaminal stenosis was identified. Mild bilateral facet arthropathy was revealed. The utilization review dated 06/17/14 resulted in a denial for an L4 to L5 decompression, with associated postoperative procedures as insufficient information was submitted confirming the medical necessity of the proposed procedure. The clinical note dated 12/02/13, indicates the injured worker showing 4+/5 strength at the left extensor hallucis longus extensor hallucis longus (EHL), left evertors, as well as the right EHL and right evertors.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left lumbar decompression at the L4-5 level: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Low Back-Lumbar & thoracic (Acute & Chronic).

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

Decision rationale: The documentation indicates the injured worker complaining of low back pain with associated reflex and strength deficits identified in the lower extremities. A decompressive surgery is indicated in the lumbar region provided the injured worker meets specific criteria to include completion of all conservative treatments as well as ongoing symptomology and imaging studies confirm the injured worker's pathology. There is an indication the injured worker has undergone physical therapy as well as injections in the past. The MRI revealed significant findings at the L4 to L5 level with contact of a broad based disc protrusion contacting the bilateral L5 nerve roots. Additionally, mild bilateral facet arthropathy was further identified. The clinical notes indicate the injured worker having absent reflexes in both ankles as well as strength deficits in both lower extremities. Given the findings consistent with bilateral lower extremity involvement and taking into account the imaging studies confirming L4 to L5 pathology bilaterally, it is unclear how the injured worker would benefit from a left sided decompression when there are bilateral findings. Therefore, this request is not medically recommended.

Pre-operative medical clearance lab work: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Low Back-Lumbar & thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Pre-operative Labs.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-op test: EKG: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Low Back-Lumbar & thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Pre-operative ECG.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-op physical therapy 3 week (duration not listed), lumbar Quantity: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-op medication: Norflex 100 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-op medication: Tramadol ER 150 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid, Criteria for use Page(s): 77.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-op medication: Pantoprazole 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPIs (proton pump inhibitors).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-op medication: Naproxen sodium 550 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.