

Case Number:	CM15-0012011		
Date Assigned:	01/29/2015	Date of Injury:	05/09/2014
Decision Date:	03/25/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/21/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic 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 55-year-old male, who sustained an industrial injury on 5/9/14, relative to a fall. The 5/9/14 lumbar MRI revealed L4/5 degenerative disc and osteophyte disease, facet arthropathy, and ligamentum flavum hypertrophy, with mild spinal canal stenosis, and bilateral lateral recess narrowing causing compression of the transiting left L5 nerve root and mild effacement of the right L5 nerve roots. There was laterally directed disc and osteophyte disease that contacted the exiting bilateral L4 and L5 nerve roots in the extraforaminal zone. Conservative treatment included physical therapy, medications, and transforaminal epidural steroid injection with no significant improvement in symptoms. The 12/9/14 electrodiagnostic studies evidenced severe axonal sensorimotor polyneuropathy, probably related to diabetes. There were abnormal EMG findings that could be consistent with right S1 radiculopathy or the polyneuropathy. The 12/11/14 treating physician report cited continued lower back pain radiating to the legs, left greater than right. Pain was worse with prolonged sitting, standing, and repetitive bending. Physical examination showed focal tenderness in the lumbar spine and decreased range of motion. The patient reported right leg radicular symptoms on motor and sensory evaluation. There were no focal motor or sensory deficits on the left. Straight leg raise was positive on the left. There was EMG evidence of L5/S1 radiculopathy. The treating physician requested an inpatient lumbar laminectomy with bilateral neuroforaminotomies at L4/5 and L5/S1, and associated surgical services consisting of cold therapy, front wheeled walker, 3 in 1 commode, shower chair, back brace, and postoperative physical therapy. On January 6, 2015 Utilization Review denied the requests citing the MTUS, ACOEM Guidelines, and ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient decompressive laminectomy L4-5 and L5-S with bilateral neuroforaminotomies at L4-L5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG); Low back Complaints,

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Low Back ? Lumbar & Thoracic, Discectomy/Laminectomy

Decision rationale: The California MTUS recommend surgical consideration when there is severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise. Guidelines require clear clinical, imaging and electrophysiologic evidence of a lesion that has been shown to benefit both in the short term and long term from surgical repair. The guidelines recommend that clinicians consider referral for psychological screening to improve surgical outcomes. Guidelines generally recommend laminectomy for patients with spinal stenosis, and moderate to severe symptoms. Guidelines state that a decision to proceed with surgery should not be based solely on the results of imaging studies, rather on the patient's functional status. Guideline criteria have not been met. This patient presents with low back and radicular pain, left greater than right. There is no description of a dermatomal radicular pattern. Electrodiagnostic studies demonstrated severe polyneuropathy probable related to diabetes with EMG findings consistent with possible right S1 radiculopathy or polyneuropathy. There is no clear clinical exam and imaging evidence of S1 nerve root compression. There is imaging evidence of left L5 nerve root compression, and contact with the bilateral L4 and L5 nerve roots. However, there are no focal neurologic deficits documented on clinical exam. Give the absence of clear objective signs of neural compression and the presence of severe polyneuropathy, the medical necessity of surgery is not established at this time. Therefore, this request is not medically necessary.

Associated surgical services: DME, post-operative cold therapy unit (E0217): 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 and Knee and Leg Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, Chapter 12 Low Back Disorders (Revised 2007), Hot and cold therapies, page(s) 160-161

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

Associated surgery services: DME; front wheel walker: 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 and Leg chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee and Leg, Bathtub seats

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

Associated surgery services: 3 in 1 commode: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee and Leg, Bathtub seats

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

Associated surgery services: shower chair: 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 and leg chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee and Leg, Bathtub seats

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

Associated surgery services: Post op physical therapy 3x4: 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.

Associated surgery services: Back brace: 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 chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, Chapter 12 Low Back Disorders (Revised 2007), 138-139

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