

Case Number:	CM15-0012898		
Date Assigned:	01/30/2015	Date of Injury:	03/26/2014
Decision Date:	03/31/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/22/2015

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: California
 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 47 year old male, who sustained an industrial injury on 03/26/2014. He has reported that during a training exercise, the injured worker jumped into water and upon impact of the water had immediate pain to the entire back. Diagnoses include status post left thoracic ten, eleven, and twelve lateral vertebrectomy, fusion, correction of deformity, posterior thoracic nine to twelve pedicle screw fusion; chronic compression fracture of thoracic twelve with anterior wedging; mild compression fracture at thoracic four; thoracic eight to nine right disc protrusion; lumbar four to five, lumbar five to sacral one, and sacral one to two disc desiccation and herniation with annular tears and foraminal stenosis; facet arthropathy with medical spurs at lumbar four to five and lumbar five to sacral one with neuroforaminal narrowing; right angulatory scoliosis at lumbar four to five; meralgia paresthetica secondary to thoracic-lumbar-sacral orthosis brace; and left shoulder sprain. Treatment to date has included medication regimen, home exercise program, computed tomography, magnetic resonance imaging, laboratory studies, use of a thoracic lumbar sacral orthotic brace, and above listed surgical procedures. MRI of the lumbar spine from 3/26/14 demonstrates moderate spinal stenosis L4/5 with acute compression fracture at T11. In a progress note dated 12/03/2014 the injured worker reports increased sharp pain to the thoracic spine that increases with deep breathing, sharp pain to the left shoulder, thoracolumbar spine pain that radiates to the left groin, thigh, and knee with numbness. The injured worker rates the pain to the left shoulder a five to six, thoracolumbar spine a zero to one with medications and a seven to eight out of ten without medications. The treating physician requested aquatic therapy for status post thoracic spine

fusion and lumbar microdiscectomies at lumbar four to five and lumbar five to sacral one noting the injured worker's presentation and computed tomography scan results. On 12/24/2014 Utilization Review modified the request treatment of lumbar microdiscectomies at lumbar four to five and lumbar five to sacral one to lumbar microdiscectomy at lumbar four to five; aquatic therapy three times a week for eight weeks for the thoracic spine to aquatic therapy sessions two times a week for six weeks (twelve total) to the thoracic spine; and one to three day inpatient hospital stay to a one to two day inpatient stay only; and non-certified the requested treatment of post-operative physical therapy two times a week for six weeks to the lumbar spine, noting the California Medical Treatment Utilization Schedule: American College of Occupational and Environmental Medicine guidelines, Low Back Complaints; Postsurgical Treatment Guidelines, page 26; Chronic Pain Medical Treatment Guidelines, page 22, page 99; and Official Disability Guidelines Low Back (updated 11/21/2014); Neck & Upper Back (updated 11/18/2014).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Microdiscectomies at L4-5 and L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back, Discectomy/laminectomy

Decision rationale: CA MTUS/ACOEM Low back complaints, page 308-310 recommends surgical consideration for patients with persistent and severe sciatica and clinical evidence of nerve root compromise if symptoms persist after 4-6 weeks of conservative therapy. According to the ODG Low Back, discectomy/laminectomy criteria, discectomy is indicated for correlating distinct nerve root compromise with imaging studies. In this patient while the MRI of 3/26/14 does show moderate stenosis at L4/5, there is no stenosis at L5/S1. Therefore the guideline criteria have not been met and determination is for non-certification.

1 to 3 Days Inpatient Hospital Stay: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back, Hospital Length of stay

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Aquatic therapy three times a week for eight weeks for the Thoracic spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Post operative physical therapy twice a week for six weeks for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25-26.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Lumbar Microdiscectomies at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Discectomy/Laminectomy/Indications for Surgery/Discectomy, Laminectomy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back, discectomy/laminectomy

Decision rationale: CA MTUS/ACOEM Low back complaints, page 308-310 recommends surgical consideration for patients with persistent and severe sciatica and clinical evidence of nerve root compromise if symptoms persist after 4-6 weeks of conservative therapy. According to the ODG Low Back, discectomy/laminectomy criteria, discectomy is indicated for correlating distinct nerve root compromise with imaging studies. In this patient while the MRI of 3/26/14 does show moderate stenosis at L4/5, there is no stenosis at L5/S1. Therefore the guideline criteria have not been met and determination is for non-certification.