

Case Number:	CM15-0014714		
Date Assigned:	02/02/2015	Date of Injury:	02/05/2009
Decision Date:	03/30/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/26/2015

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: 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 44-year-old female who reported injury on 02/05/2009. The mechanism of injury was not provided. There was a Request for Authorization submitted for review dated 01/09/2015. The documentation of 01/09/2015 was handwritten and of poor quality. The injured worker complained of shoulder, neck and lower back pain with no improvement. The physical examination revealed the injured worker had positive tenderness to the paraspinals and had spasms. The diagnoses included left shoulder impingement and cervical spine and lumbar spine herniated nucleus pulposus. The injured worker had a positive Spurling's and spasms in the cervical spine. The injured worker had +4/5 strength in the shoulder. The treatment plan included lumbar fusion surgery at L4-5 and physical therapy. The injured worker's medications were noted to include ibuprofen, Bactrim and Percocet. The injured worker was noted to undergo an MRI in 01/2014, which revealed the injured worker had a laminotomy in the left L4-5 segment with mildly degenerative L3-4 segment and significantly degenerative L4-5 segment with a large central annular tear. There was some mild neural foraminal stenosis. The documentation of 09/22/2014 revealed the injured worker had a past medical history that was noted for a car accident. The physical examination revealed the injured worker had decreased range of motion. The injured worker had sensory deficiencies in the left foot matching the L5 distribution. The strength was 5/5. The injured worker indicated the chief complaint was some degree of radiculopathy. The physician opined the injured worker had significant discopathy, which was initially treated with decompression that was effective, although incomplete. Back

pain was the chief complaint. The physician opined the injured worker should undergo an L4-5 interbody fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Fusion L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

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

Decision rationale: The American College of Occupational and Environmental Medicine indicate a surgical consultation may be appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies preferably with accompanying objective signs of neural compromise. There should be documentation of activity limitations due to radiating leg pain for more than 1 month or the extreme progression of lower leg symptoms, and clear clinical, imaging and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair and documentation of a failure of conservative treatment to resolve disabling radicular symptoms. Additionally, there is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. The clinical documentation submitted for review failed to indicate the injured worker had a failure of an exhaustion of conservative care as the request was being concurrently reviewed with a request for physical therapy. There was a lack of documentation indicating the injured worker had clear clinical findings to support instability. The imaging failed to support that the injured worker had instability per flexion and extension studies. Electrophysiologic evidence would not be necessary for a fusion. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for lumbar fusion L4-5 is not medically necessary.

12 Physical Therapy sessions for the Left Shoulder, Cervical and Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic)- Physical Therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend up to 10 sessions for the treatment of radiculitis or neuralgia. The clinical documentation submitted for review indicated the injured worker had pain and decreased range

of motion. There was, however, a lack of documentation indicating the prior conservative care and the objective functional benefit that was received from prior care. The request for 12 sessions would be excessive. Given the above, and the lack of documentation of objective functional deficits, the request for 12 physical therapy sessions for left shoulder, cervical spine and lumbar spine is not medically necessary.