

Case Number:	CM15-0114213		
Date Assigned:	06/22/2015	Date of Injury:	09/23/2014
Decision Date:	08/25/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/12/2015

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: Minnesota, Florida
 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:

This 58 year old male sustained an industrial injury to the low back on 9/23/04. Magnetic resonance imaging lumbar spine (11/6/14) showed L3-4 and L5-S1 stenosis with a large herniated nucleus pulposus at L4-5. Lumbar spine x-ray (4/23/15) showed no fracture or instability. Electromyography/nerve conduction velocity test bilateral lower extremities (4/28/15) showed right L4 denervation. In an orthopedic evaluation dated 5/6/15, the injured worker complained of low back pain rated 8-9/10 on the visual analog scale. Physical exam was remarkable for limited lumbar spine flexion and extension due to pain, 4-5/5 lower extremity motor strength, decreased bilateral calf sensation to light touch and decreased Achille's reflexes bilaterally. Current diagnoses included lumbago, lumbar disc discopathy without myelopathy, lumbar radiculopathy and foot drop. The treatment plan included L3 to S1 bilateral micro-decompression with associated surgical services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op rehab: Physical therapy 2 times a week for 6 weeks for the low back (12): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment

Guidelines.

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

Decision rationale: The injured worker is a 58-year-old male with a date of injury of 9/23/2004. The diagnosis is low back pain, lumbar radiculopathy and foot drop. A request for L3-S1 bilateral micro-decompression surgery was certified by utilization review. California MTUS postsurgical treatment guidelines indicate 16 visits over 8 weeks for lumbar discectomy/laminectomy. The initial course of therapy is one half of these 16 visits which is 8. Then with documentation of continuing functional improvement, a subsequent course of therapy of the remaining 8 visits may be prescribed. The request as stated is for 12 visits which exceeds the guideline recommendations. As such, the request is not medically necessary.

Length of Stay (LOS) outpatient: 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), discectomy, low back chapter LOS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Low back; Topic: Hospital length of stay.

Decision rationale: The IMR application specifies this request as "No duration specified" length of hospital stay. California MTUS guidelines do not address this topic. ODG guidelines are therefore used. The guidelines recommend a best practice target of 1 day for a laminectomy. The median is 2 days. The best practice target for a discectomy is outpatient. As such, the request is not medically necessary.

Transportation to and from surgery: 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), transportation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Knee and leg Topic: Transportation to and from appointments.

Decision rationale: ODG guidelines recommend transportation to and from appointments for medically necessary transportation for patients with disabilities preventing them from self transport who are age 55 or older and need a nursing home level of care. Transportation in other cases should be agreed upon by the payer, provider, and patient as there is limited scientific evidence to direct practice. The documentation provided does not indicate a nursing home level of care. As such, the request is not medically necessary.

Transportation to and from post-op rehab and physical therapy: 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), transportation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Knee and leg, Topic: Transportation to and from appointments.

Decision rationale: ODG guidelines recommend transportation to and from appointments for medically necessary transportation for patients with disabilities preventing them from self transport who are age 55 or older and need a nursing home level of care. Transportation in other cases should be agreed upon by the payer, provider, and patient as there is limited scientific evidence to direct practice. The documentation provided does not indicate a nursing home level of care. As such, the request is not medically necessary.