

Case Number:	CM15-0123232		
Date Assigned:	07/10/2015	Date of Injury:	06/02/2011
Decision Date:	08/07/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/25/2015

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:

This injured worker is a 58-year-old male who sustained an industrial injury on 6/2/11. The mechanism of injury was not documented. Conservative treatment included medications, physical therapy, TENS unit, and activity modification. The 11/24/14 lumbar spine MRI impression documented straightening of the lumbar lordosis. At T12/L1, there was mild canal stenosis and moderate bilateral neuroforaminal narrowing. At L1/2, there was moderate canal stenosis and mild bilateral neuroforaminal narrowing. At L2/3, there was mild canal stenosis and bilateral neuroforaminal narrowing. At L3/4, there was severe canal stenosis and severe left and moderate right neuroforaminal narrowing. At L4/5, there was moderate to severe canal stenosis, and severe left and moderate right neuroforaminal narrowing. At L5/S1, there was mild canal stenosis, and severe right and moderate left neuroforaminal narrowing. Review of the treating physician report from 12/8/15 to 5/12/15 indicate that physical therapy was prescribed on an on-going basis. The 4/23/15 bilateral lower extremity EMG/NCV study documented evidence of mild acute left L5 radiculopathy. The 5/12/15 treating physician report cited complaints of low back, left shoulder, and bilateral knee pain. Difficulties were noted with erection. Physical exam documented diminished left lower extremity sensation over the mid-anterior thigh, mid lateral calf and lateral ankle. The diagnosis included lumbar spine disc rupture, left shoulder strain, and bilateral knee strain. The treatment plan recommended upper extremity EMG, L3-S1 hemilaminectomy and discectomy per the orthopedic surgeon (2/10/15), physical therapy 2 x 6 for the bilateral knees and left shoulder, pain management follow-up, and orthopedic surgery follow-up. Authorization was requested for L3-S1 hemilaminectomy and decompression and physical

therapy (2x/week for 6 weeks). The 5/29/15 pain management report cited continued lower back pain radiating into both legs with numbness and tingling. Pain was significantly affecting his mood. He reported current pain medications helped decrease his level pain. Pain without medications was 10/10 and with medications 6/10. Physical exam documented lumbar paraspinal muscle tenderness, L4-S1 facet tenderness bilaterally, positive lumbar facet loading bilaterally, decreased sensation over the bilateral anterolateral thigh and legs, and positive straight leg raise bilaterally. The diagnosis was lumbar radiculopathy, lumbar facet arthropathy, and myofascial pain. A lumbar epidural steroid injection was reported pending. The treatment plan continued current medications (gabapentin, Mobic, and Norco), prescribed Cymbalta for mood stabilization and neuropathic pain, and continued exercise and strengthening. Surgery would be considered if the injured worker did not continue to respond. Epidural steroid injection was scheduled for 6/4/15. The 6/3/15 utilization review non-certified the request for L3-S1 hemilaminectomy and decompression with no rationale available in the submitted records. The request for physical therapy two times per week for 6 weeks was non-certified as it was unclear whether the request was for post-operative treatment or continued conservative treatment. There was no evidence of objective functional response to prior physical therapy to support the medical necessity of additional treatment at this time, and the request exceeded the initial course of treatment for post-operative care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x week x 6 weeks Bilateral Legs, Left Shoulder, Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation (ODG-TWC) online edition, Shoulder, Low Back and Knee & Leg chapters, Physical therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction, Physical Medicine Page(s): 9, 98-99.

Decision rationale: The California MTUS guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. The physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. Guidelines would generally recommend up to 10 visits for chronic pain conditions. Guideline criteria have not been met. There is no documentation of functional treatment goals for the requested physical therapy. There is no functional assessment or specific functional deficit identified. There is no evidence in the records relative to the number of visits actually provided to this injured worker and what, if any, functional benefit was achieved. There is no compelling rationale to support the medical necessity of additional physical therapy over an independent home exercise program. Therefore, this request is not medically necessary.

L3-S1 hemi-laminectomy and decompression: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 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. The Official Disability Guidelines recommend criteria for lumbar discectomy that include symptoms/findings that confirm the presence of radiculopathy and correlate with clinical exam and imaging findings. Guideline criteria include evidence of nerve root compression, imaging findings of nerve root compression, lateral disc rupture, or lateral recess stenosis, and completion of comprehensive conservative treatment. Guideline criteria have not been fully met. This injured worker presents with persistent and severe low back pain radiating into both legs with numbness and tingling. Clinical exam findings were consistent with imaging evidence of severe stenosis at the L3-S1 levels with plausible nerve root compression, and electrodiagnostic evidence of left L5 radiculopathy. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial has been submitted. However, records indicate that epidural steroid injection was pending for 6/4/15 with no documented of response. Additionally, there are potential psychological issues and no evidence of psychosocial screening. Therefore, this request is not medically necessary at this time.