

Case Number:	CM15-0173571		
Date Assigned:	09/15/2015	Date of Injury:	09/13/2013
Decision Date:	10/21/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/03/2015

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:

The injured worker is a 37 year old male, who sustained an industrial injury on 9-13-2013. The injured worker was diagnosed as having displacement of lumbar intervertebral disc without myelopathy, lumbago, and sciatica. Treatment to date has included diagnostics, epidural steroid injection, physical therapy, and medications. Currently, the injured worker complains of "severe" low back pain with right leg radiation all the way to his foot. He reported no improvement in his symptoms, "significantly worse than it used to be in the past". His pain distribution was consistent with L5 dermatomal area, with positive straight leg raise, pain over the sciatic notch, and painful numbness in L5, with weakness in dorsiflexion. His magnetic resonance imaging of the lumbar spine (6-26-2015) was reviewed and was documented to show "L4-5 disc herniation central and right sided, producing rather severe lateral recess stenosis. Thoracic spine magnetic resonance imaging of the patient shows only mild disc degeneration." He remained off work. The treatment plan included L4-5 discectomy, inpatient stay for 1-2 days, lumbar brace, and post-operative aquatic therapy 3x6. Utilization Review modified this request on 8-26-2015 to L4-5 discectomy, 1-day inpatient stay, and post-operative aquatic therapy 3x4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated service: Inpatient stay 1-2 days: 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) Low Back Chapter (updated 07/17/2015).

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 injured worker is a 37-year-old male with a date of injury of 9/13/2013. He complains of low back pain with radiation to the right lower extremity down to the foot in the L5 dermatomal distribution with positive neurological findings of hypoesthesia in the L5 distribution and weakness of ankle dorsiflexion. The MRI scan shows a 3 mm right subarticular recess disc protrusion with displacement of the L5 nerve root as well as moderate canal and right-sided lateral recess stenosis. He has failed conservative treatment and has been certified for a right L4-5 discectomy. The disputed issues pertain to associated surgical requests of hospital length of stay, a lumbar brace and modified postoperative aquatic therapy. California MTUS guidelines are silent on this topic. ODG guidelines are therefore used. The hospital length of stay for a lumbar discectomy is a median of one day and best practice target of outpatient. Utilization review has certified 1 day of hospitalization. The request as stated is for 1-2 days which exceeds the guideline recommendations and as such, the medical necessity of the request has not been substantiated.

Associated service: Lumbar brace: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation ODG: Section: Low back, Topic: Back brace, post-operative.

Decision rationale: The California MTUS guidelines indicate that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. ODG guidelines indicate a lack of evidence supporting the use of these devices after surgery, particularly a lumbar fusion. Back brace is not recommended for a discectomy. As such, the request for a back brace is not supported by guidelines and the medical necessity of the request has not been substantiated.

Post operative aquatic therapy 3 time a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy, and Postsurgical Treatment 2009, Section(s): Low Back.

Decision rationale: With respect to the request for aquatic therapy 3 times a week for 6 weeks, California MTUS post-surgical treatment guidelines indicate 16 physical therapy visits over 8 weeks for laminectomy/discectomy. The initial course of therapy is one half of these visits which is 8. Then with documentation of continuing functional improvement a subsequent course of therapy of the remaining 8 visits may be prescribed. Chronic pain medical treatment guidelines recommend aquatic therapy as an option as an alternative to land-based physical therapy when reduced weight bearing is desirable, for example in the extreme obesity. The documentation provided indicates that the injured worker is mildly overweight but is not extremely obese. Furthermore, the requested number of treatments exceeds the guideline recommendation of 8 visits. As such, the medical necessity of the request has not been substantiated.