

Case Number:	CM15-0177975		
Date Assigned:	09/18/2015	Date of Injury:	01/30/2014
Decision Date:	10/21/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/10/2015

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 61 year old female who sustained an industrial injury on 1/30/14. Injury occurred when she strained her back lifting a 6-gallon case of green beans. Past medical history was positive for hypertension. Conservative treatment included activity modification, medications, physical therapy, chiropractic, home exercise program, sacroiliac joint injection, piriformis trigger point injection, and L4/5 transforaminal epidural steroid injection. The 8/27/14 lumbar spine x-ray impression documented right L4/5 facet arthropathy with slight instability with 0.4 cm anterolisthesis of L4 on L5 in flexion that reduced in extension. There was mild degenerative osteophyte formation at L2/3. The 2/6/15 lumbar spine MRI impression documented disc protrusion with central stenosis at L4/5 with effacement of the adjacent anterior thecal sac with mild encroachment upon the neural recesses. There was ligamentum flavum thickening with mild to moderate central stenosis and mild facet arthropathy. The 8/13/15 treating physician report cited low back pain radiating down the right lower extremity to the heel. Physical examination documented lumbar spine tenderness, positive straight leg raise, and decreased lumbar range of motion. The diagnosis included lumbar spinal stenosis. Authorization was requested for lumbar open decompression at L4/5 with associated requests for [REDACTED] quick draw lumbar support, post-op physical therapy 2 times per week for 6 weeks, and 3 day inpatient stay. The 8/20/15 utilization review certified the request for lumbar open decompression at L4/5. The request for 3-day inpatient stay was modified to a 1-day inpatient stay consistent with the Official Disability Guidelines. The request for an [REDACTED] quick draw lumbar support was non-certified, as a routine one level decompression would not create instability to support the medical necessity of bracing. The request for post-op physical therapy 2x6 was modified to 8 initial visits consistent with Post-Surgical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical services: [REDACTED] **quick draw:** Overturned

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, Lumbar supports.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM). Occupational Medical Practice Guidelines 2nd Edition. Chapter 12 Low Back Disorders. (Revised 2007) page(s) 138-139.

Decision rationale: The California MTUS guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The revised ACOEM Low Back Disorder guidelines do not recommend the use of lumbar supports for prevention or treatment of lower back pain. However, guidelines state that lumbar supports may be useful for specific treatment of spondylolisthesis, documented instability, or post-operative treatment. There is evidence of spondylolisthesis. The use of a lumbar support in the post-operative period for pain control is reasonable and supported by guidelines. Therefore, this request is medically necessary.

Associated surgical services: Postoperative physical therapy 2 times a week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Low Back.

Decision rationale: The California Post-Surgical Treatment Guidelines for lumbar decompression suggest a general course of 16 post-operative physical medicine visits over 8 weeks, during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 8 visits. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. Guideline criteria have not been met. The 7/31/15 utilization review recommended partial certification of 8 initial post-op physical therapy visits consistent with guidelines. There is no compelling reason submitted to support the medical necessity of care beyond guideline recommendations and the care already certified. Therefore, this request is not medically necessary.

Associated surgical services: 3 day inpatient stay: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic: Hospital length of stay (LOS).

Decision rationale: The California MTUS does not provide hospital length of stay recommendations. The Official Disability Guidelines recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. The recommended median length of stay for lumbar discectomy is 1 day and best practice target is outpatient. The recommended median length of stay for lumbar laminectomy is 2 days and best practice target is 1 day. The mean length of stay for lumbar laminectomy is 3.5 days. Guideline criteria have been met. The 8/20/15 utilization review modified the request for 3 days inpatient stay, certifying 1 day consistent with discectomy. The request under consideration is for lumbar decompression for spinal stenosis, which would generally be considered a laminectomy. The mean length of stay would support an inpatient stay of 3 days. Therefore, this request is medically necessary.