

Case Number:	CM15-0092558		
Date Assigned:	05/19/2015	Date of Injury:	04/26/2014
Decision Date:	06/18/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/14/2015

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 42-year-old male who sustained an industrial injury on 4/26/14. Injury was reported relative to lifting and installing tires. Past medical history was reported as negative. Conservative treatment had included oral medications, physical therapy, home exercise program, activity modification, and lumbar epidural steroid injections. The 10/10/14 lumbar spine MRI impression documented a large L4/5 disc herniation with moderately severe to severe central stenosis. There was less discogenic change, a small bulge but also annular fissuring at L2/3. The 4/30/15 treating physician report cited frequent to constant grade 5-7/10 lower back pain radiating into the lower extremities to the knees. Lumbar spine exam documented antalgia, paraspinal muscle spasms, pain to palpation over the L4/5 area, right greater than left, mild to moderate loss of range of motion due to pain, 4/5 right extensor hallucis longus weakness, slightly diminished right L5 distribution, and diminished right ankle reflex. Straight leg raise was positive on the right. Imaging showed a very large disc extrusion at L4/5 causing severe central canal stenosis. The treatment plan recommended right L4/5 microdiscectomy, laminotomy, and decompression. The 5/7/15 utilization review certified a request for posterior right L4/5 microdiscectomy, laminotomy, and decompression with neuromonitoring. An associated request for LSO lumbar brace was non-certified as there was no evidence of instability and no guidelines support for bracing following a simple decompression. The associated request for in-patient stay x 4 days was modified to 1-day inpatient stay as reasonable and consistent with the Official Disability Guidelines. The 5/14/15 pre-surgical history and physical documented the injured worker's health appeared to be quite sound and his pre-operative EKG was entirely normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

LSO lumbar brace: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. 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. 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.

Inpatient stay for 4 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, Length of Stay.

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 & 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 practice target for lumbar discectomy is 1 day, with best practice target of outpatient. The recommended median practice target for lumbar laminectomy is 2 days, with best practice target of 1 day. This injured worker is reported in to be in quite sound health with a negative past medical history. The 5/7/15 utilization review modified the request for 4 days length of stay, certifying 1 day. There is no compelling reason to support the medical necessity beyond guideline recommendations and the 1-day hospital stay previously certified. Therefore, this request is not medically necessary.