

Case Number:	CM13-0072217		
Date Assigned:	01/08/2014	Date of Injury:	02/28/2013
Decision Date:	08/22/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/23/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 36-year-old female who has submitted a claim for lumbar intervertebral disc derangement, lumbar stenosis, and lumbar root disorder, associated with an industrial injury date of February 28, 2013. Medical records from 2013 were reviewed, which showed that the patient complained of constant low back pain, rated 4/10. She also complained of paresthesia in the left thigh. She denied bowel or bladder incontinence. On physical examination, there was midline paraspinal lumbosacral tenderness. There was weakness of the left hamstrings, extensor hallucis longus, and ankle dorsiflexion and plantar flexion. She had a left antalgic gait. There was no evidence of atrophy of muscles. No sensory deficits were reported. Reflexes were 1-2+ bilaterally and were symmetric. No clonus was appreciated. Straight leg raise test, Bonnet's phenomenon, and Bragard's sign were positive on the left. Magnetic resonance imaging (MRI) of the lumbar spine dated July 17, 2013 revealed small disc protrusions at L3-4 and L4-5 containing high intensity zones centrally, disc bulge at L5-S1 causing mild to moderate bilateral neural foraminal stenosis, and no spinal canal stenosis. Electrodiagnostic study of the bilateral lower extremities dated July 19, 2013 did not reveal any definite evidence of lumbosacral radiculopathy and there was no evidence of any peripheral neuropathy. Treatment to date has included medications, activity modification, physical therapy, acupuncture, chiropractic care, and left L5-S1 transforaminal epidural steroid injection. Utilization review from December 17, 2013 denied the request for posterior lumbar L5-S1 laminectomy and L5-S1 foraminotomy with partial L5-S1 discectomy because there were no significant functional deficits that would warrant surgery; and lumbar brace, and postoperative physical therapy 3 times per week for 3 weeks because the requested surgery was not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

POSTERIOR LUMBAR L5-S1 LAMINECTOMY AND L5-S1 FORAMINOTOMY WITH PARTIAL L5-S1 DISCECTOMY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: According to pages 305-307 of the ACOEM Practice Guidelines referenced by CA MTUS, lumbar surgical intervention is recommended for patients who have severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short- and long-term from surgical repair; and failure of conservative treatment. The guidelines also state that surgical discectomy for carefully selected patients with nerve root compression due to lumbar disk prolapse provides faster relief from the acute attack than conservative management. In this case, left L5 and S1 laminectomy with L5-S1 foraminotomy for decompression with possible partial discectomy was recommended due to objective findings of L5 radiculopathy manifesting as weakness of the left L5 innervated musculature and positive straight leg raise test on the left combined with MRI findings of left L5 nerve root impingement in the left L5-S1 foramen. Records also stated that the patient has failed conservative measures including physical therapy, chiropractic care, and acupuncture. The medical records also reported that the patient responded very well to selective nerve root block but did not wish to undergo further injection treatment. The criteria for lumbar surgical intervention were met. Therefore, the request for posterior lumbar L5-S1 laminectomy and L5-S1 foraminotomy with partial L5-S1 discectomy is medically necessary.

LUMBAR BRACE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Back Brace, Post-Operative (Fusion).

Decision rationale: Page 301 of the CA MTUS ACOEM states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The Official Disability Guidelines (ODG) only recommends back brace as an option for compression fractures. There is no scientific information on the benefit of bracing for clinical outcomes following instrumented lumbar fusion. There may be special circumstances (multilevel cervical fusion, thoracolumbar unstable fusion, non-instrumented fusion, mid-lumbar fractures) in which

some external immobilization might be desirable. In this case, patient has been complaining of back pain since the industrial injury date of February 2013, which is beyond the acute phase. Treatment plan is lumbar laminotomy with discectomy. However, these are not included in the list of special circumstances requiring back brace as stated above. Therefore, the request for lumbar brace is not medically necessary.

POST OPERATIVE PHYSICAL THERAPY 3X3: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: According to the Post-Surgical Treatment Guidelines referenced by CA MTUS, a total of 16 visits over 8 weeks of post-surgical treatment for discectomy/laminectomy is recommended. In this case, the request is for 9 sessions over a period of 3 weeks, which is in accordance with the guideline recommendations. Therefore, the request for postoperative physical therapy 3 times per week for 3 weeks is medically necessary.