

Case Number:	CM13-0068819		
Date Assigned:	01/03/2014	Date of Injury:	03/13/2007
Decision Date:	05/23/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/20/2013

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 Orthopedic Surgery, has a subspecialty in Fellowship trained in Spine Surgery and is licensed to practice in Texas and 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 injured worker is a 58-year-old male who reported an injury on 03/13/2007 due to cumulative trauma to his neck and low back. The injured worker's treatment history included cervical spinal fusion. Treatment to the low back included physical therapy, medications, epidural steroid injections, and activity modifications. The injured worker submitted to an MRI of the lumbar spine in 09/2013. This MRI concluded that the injured worker has moderate to severe lumbar spondylosis with multilevel disc bulging, moderate to severe bilateral neural foraminal narrowing at the L5-S1, L4-5, L3-4, L2-3, and L1-2. The injured worker was evaluated on 12/04/2013. Physical findings included lumbar paraspinal tenderness and spasms. A request was made for decompression from the L1 to S1. It was documented that the treating physician did not believe that this would cause instability requiring fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR SURGICAL DECOMPRESSION FROM L-1 TO S-1: Upheld

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): 306.

Decision rationale: The requested lumbar surgical decompression from L1 to S1 is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends surgical intervention when there is documentation of severe disabling lower leg symptoms with objective findings of neural compromise. Although the clinical documentation submitted for review does have an MRI that provides evidence of multilevel neural foraminal and canal narrowing, the physical examination findings of this patient are not consistent with neural compromise. There is no documentation of radiculopathy in a distribution consistent with abnormalities on the imaging study. Therefore, surgical intervention would not be supported. As such, the requested lumbar surgical decompression from the L1 to S1 is not medically necessary or appropriate.

PRE-OP MEDICAL CLEARANCE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

GAME READY COLD UNIT: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

THORACOLUMBARSACRAL ORTHOSIS (TLSO) BRACE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

FRONT WHEEL WALKER: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

3 IN 1 COMMODE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

NORCO 10/325 MG #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.