

Case Number:	CM14-0002894		
Date Assigned:	01/29/2014	Date of Injury:	08/23/2006
Decision Date:	06/19/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/09/2014

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 and is licensed to practice in Maryland. 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 40 year old female who reported an injury to her low back August 23, 2006. The clinical note dated 01/10/13 indicates the injured worker complaining of increasing low back pain. Upon exam, the injured worker was identified as having difficulty changing positions. Tenderness was identified throughout the lumbar paraspinal musculature bilaterally. Range of motion restrictions were identified. Guarding was identified with motion. Spasms were also revealed. There is an indication that the injured worker has been utilizing Norco for ongoing pain relief. The injured worker stated that the pain was at a severe level. X-rays that were completed on 01/10/13 revealed disc space collapse at L3-4 with end plate sclerosis and mild retrolisthesis. A solid fusion was identified at L4-5 and at L5-S1. The clinical note dated 02/21/13 indicates the injured worker stating she was having difficulty ambulating. Range of motion restrictions continued throughout the lumbar spine. The injured worker was ambulating with an antalgic gait. The clinical note dated 04/04/13 indicates the injured worker rating the low back pain as moderate to severe at that time. The note indicates the injured worker utilizing Flexeril and Motrin at that time. The clinical note dated 10/09/13 indicates the injured worker demonstrating 4/5 strength with the big toe extensors and plantar flexion bilaterally. The clinical note dated 10/09/13 indicates the injured worker having a successful and appropriate response to a hardware injection. The MRI of the lumbar spine dated 11/07/13 revealed a bulging disc at L3-4. The hardware was identified as causing a regional susceptibility artifact. The previous peer review dated 12/30/13 resulted in a denial for removal of hardware at L4-S1 with a decompression and fusion, postoperative therapy, a 2 day inpatient stay, an elevated toilet seat, front wheel walker purchase, lumbar brace purchase, a rental of a bone growth stimulator as well as preoperative clearance to include chest x-ray, labs, and EKG as insufficient information was

submitted confirming the injured worker's radiculopathy component at the affected levels to include L3 through S1. Additionally, a psychosocial screen had not been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

REMOVAL OF HARDWARE AT L4-S1: Upheld

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

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 Chapter, Hardware Removal.

Decision rationale: The request for removal of hardware at L4-S1 is non-certified. The documentation indicates the injured worker complaining of low back pain. The documentation indicates the injured worker having an appropriate response to a previous hardware injection. Therefore, the injured worker may benefit from a removal of the hardware at L4-S1. However, the request also includes an L3-4 decompression and fusion. Given the lack of information regarding the need for an L3-4 involvement, this request is not indicated.

L3-4 DECOMPRESSION AND FUSSION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, LOW BACK COMPLAINTS.

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

Decision rationale: The request for an L3-4 decompression and fusion is non-certified. The documentation indicates the injured worker complaining of low back pain despite a previous fusion. There does appear to be significant findings involving the L4-5 and L5-S1 level. Additionally, the injured worker has completed conservative treatments. However, no clinical findings indicating the L3-4 level were provided in the documentation. Additionally, no information was submitted regarding the injured worker's completion of a psychosocial screening addressing any confounding issues as well as potential outcomes of the impending surgery. Given these factors, this request is not indicated as medically necessary.

POST OPERATIVE PHYSICAL THERAPY TIMES 18 9 LAND AND 9 AQUATIC:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 17.

Decision rationale: Given the non-certification of the requested surgery, the additional requests are rendered non-certified.

2 DAY INPATIENT STAY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: OFFICIAL DISABILITY GUIDELINES, LOW BACK COMPLAINTS.

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 Chapter, Hospital length of stay (LOS).

Decision rationale: Given the non-certification of the requested surgery, the additional requests are rendered non-certified.

ELEVATED TOILET SEAT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: OFFICIAL DISABILITY GUIDELINES, LOW BACK COMPLAINTS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Durable Medical Equipment.

Decision rationale: Given the non-certification of the requested surgery, the additional requests are rendered non-certified.

FRONT WHEEL WALKER, REACHER /GRABBER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: OFFICIAL DISABILITY GUIDELINES, LOW BACK COMPLAINTS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Ambulation Aids.

Decision rationale: Given the non-certification of the requested surgery, the additional requests are rendered non-certified.

LUMBAR BRACE SET UP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: OFFICIAL DISABILITY GUIDELINES, LOW BACK COMPLAINTS.

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 Chapter, Lumbar brace.

Decision rationale: Given the non-certification of the requested surgery, the additional requests are rendered non-certified.

ORTHOFIX EXTERNAL BONE GROWTH STIMULATOR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: OFFICIAL DISABILITY GUIDELINES, LOW BACK COMPLAINTS.

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 Chapter, Bone Growth Stimulator.

Decision rationale: Given the non-certification of the requested surgery, the additional requests are rendered non-certified.

PRE OPERATIVE MEDICAL CLEARANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: OFFICIAL DISABILITY GUIDELINES, LOW BACK COMPLAINTS.

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 Chapter, Pre-operative Clearance.

Decision rationale: Given the non-certification of the requested surgery, the additional requests are rendered non-certified.

CHEST XRAY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: OFFICIAL DISABILITY GUIDELINES, LOW BACK COMPLAINTS.

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 Chapter, Pre-operative x-rays.

Decision rationale: Given the non-certification of the requested surgery, the additional requests are rendered non-certified.

EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: OFFICIAL DISABILITY GUIDELINES, LOW BACK COMPLAINTS.

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 Chapter, Pre-operative EKG.

Decision rationale: Given the non-certification of the requested surgery, the additional requests are rendered non-certified.