

Case Number:	CM14-0004482		
Date Assigned:	02/05/2014	Date of Injury:	10/15/2012
Decision Date:	08/18/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/13/2014

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 Pennsylvania. 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:

This is a 51-year-old male who injured his low back in a work-related accident on 10/15/12. The records provided for review include the report of an MRI scan dated 3/23/13 showing right foraminal disc extrusion at the L4-5 level resulting in right neural foraminal stenosis. There are also multiple underlying degenerative changes with spondylosis, most advanced at the L2-3 and L3-4 level without compressive findings. The electrodiagnostic studies dated 6/11/13 showed mild right chronic L4 through S1 radiculopathy. The records documented that the claimant has failed conservative care consisting of multiple transforaminal epidural steroid injections, physical therapy, medication management, and activity restrictions. The follow up office note dated 11/6/13 described continued low back and leg complaints. Examination showed weakness of the right extensor hallucis longus, gastrocnemius, and quadriceps and positive straight leg raise on the right. The physician recommended a multilevel decompressive procedure from L2 through L5 with a three day inpatient length of stay.

IMR ISSUES, DECISIONS AND RATIONALES

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

COLD THERAPY UNIT TO THE LUMBER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 337-339.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 337-339.

Decision rationale: According to the medical records provided for review, the request for a multilevel decompressive laminectomy L2 through L5 has not been certified. Therefore, the request for a cryotherapy device for the lumbar spine is also not recommended as medically necessary.

SHOWER CHAIR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg.

MAXIMUS guideline: Decision based on the Non-MTUS Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure - Durable medical equipment (DME).

Decision rationale: According to the medical records provided for review, the request for a multilevel decompressive laminectomy L2 through L5 has not been certified. Therefore, the request for a shower chair is also not medically necessary.

FRONT WHEEL WALKER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg.

MAXIMUS guideline: Decision based on the Non-MTUS Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure - Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: According to the medical records provided for review, the request for a multilevel decompressive laminectomy L2 through L5 has not been certified. Therefore, the request for a front-wheeled walker is also not medically necessary.

3-1 COMMODO: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg.

MAXIMUS guideline: Decision based on the Non-MTUS Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure - Durable medical equipment (DME).

Decision rationale: According to the medical records provided for review, the request for a multilevel decompressive laminectomy L2 through L5 has not been certified. Therefore, the request for a 3:1 commode is also not medically necessary.

BACK BRACE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 298,. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 1, page 9; Chapter 12, page 298, page 301. Page 9; "The use of back belts as lumbar supports should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security." Page 298; "There is no evidence for the effectiveness of lumbar supports in preventing back pain in industry."Page 301; "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of the symptom relief."

Decision rationale: According to the medical records provided for review, the request for a multilevel decompressive laminectomy L2 through L5 has not been certified. Therefore, the request for a back brace is also not medically necessary.