

Case Number:	CM14-0011238		
Date Assigned:	03/31/2014	Date of Injury:	05/31/2012
Decision Date:	05/27/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/28/2014

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 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The claimant is a 39-year-old female who was injured in a work related accident on May 31, 2012 sustaining an injury to the low back. Recent clinical records for review indicate a January 28, 2014 follow-up report with orthopedic surgeon [REDACTED] indicating ongoing complaints of low back pain with radiating flank pain and paresthesias in an L4 through S1 dermatomal distribution. Examination showed 4/5 strength bilaterally in the extensor hallucis longus with equal and symmetrical deep tendon reflexes and a current diagnosis of L4-5 and L5-S1 disc herniation. It was noted that recent MRI report of December 30, 2013 demonstrated L4-5 mild posterior disc bulging with facet changes with mild bilateral foraminal narrowing and the L5-S1 level was with mild posterior disc bulging with mild foraminal narrowing. There was no indication of compressive pathology. There were multilevel degenerative changes noted otherwise.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: BACK BRACE, WALKER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Treatment Index, 9th Edition, (web) 2011.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, 301, Chronic Pain Treatment Guidelines Page(s): 9. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: Knee Procedure - Walking Aids (Canes, Crutches, Braces, Orthoses, & Walkers).

Decision rationale: MTUS Guidelines would not support the role of home health care as the need for operative intervention has not been established.

HOME HEALTH CARE TIMES 2 FOR 2 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Treatment Index, 9th Edition, (web) 2011.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: MTUS Guidelines would not support the role of home health care as the need for operative intervention has not been established.

LUMBAR LAMINECTOMY AND DISCECTOMY AT L4-S AND L5-S1, ASSISTANT SURGEO, 2-3 DAY INPATIENT STAY, MEDICAL CLEARANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Treatment Index, 9th Edition, (web) 2011.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306. Decision based on Non-MTUS Citation (2,d Edition, 2004) Chapter 7, Independent Medical Examinations and Consultations, page 127. Additionally, (ODG) Official Disability Guidelines, Hospital -Length of Stay (LOS).

Decision rationale: California ACOEM Guidelines supported by Official Disability Guideline criteria and Milliman Care Guidelines would not support the role of two level lumbar surgeries. The claimant's updated MRI scan demonstrates mild disc bulging with only mild neural foraminal narrowing and no indication of acute compressive pathology. A lack of clinical correlation between the requested levels of surgery and the claimant's physical examination findings would fail to necessitate the surgical process as well as need for an assistant surgeon, inpatient length of stay or medical clearance.

POST OP AQUATIC THERAPY 2 TIMES A WEEK FOR 6 WEEKS FOR A TOTAL OF 12 SESSIONS (S MONTHS S/P SURGERY): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation and (ODG) Official Disability Guidelines Treatment Index, 9th Edition, (web) 2011.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: California MTUS Postsurgical Rehabilitative Guidelines also would not support the acute need of formal physical therapy as the need for operative intervention has not been established.