

Case Number:	CM14-0012843		
Date Assigned:	02/24/2014	Date of Injury:	01/10/2013
Decision Date:	10/07/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/31/2014

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 Neurological 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 records presented for review indicate that this 57-year-old individual was injured on January 10, 2013. There is a request for a posterior lumbar fusion at L5/S1 with associated hospitalization and durable medical equipment purchases. The surgical fusion was certified in the preauthorization process. There was noted instability and electrodiagnostic changes to support the surgical intervention. The most recent progress note outlined the medications employed to address the complaints of low back pain. The physical examination noted tenderness to palpation, positive straight leg raising and sensory changes in the lower extremity. Previous progress notes indicate significant low back pain with lower extremity involvement. Multiple conservative measures have been attempted to address the pain complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Iliac crest marrow aspiration/harvesting, possible junctional levels: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); low back chapter

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

Decision rationale: A review of the medical record does not indicate a need for surgery at junctional levels. A single level fusion procedure has been certified. As such, there is no clinical indication to harvest bone graft to expand the scope of the surgery certified. This is not clinically indicated based on Official Disability Guidelines (ODG). Therefore, the request is not medically necessary.

Front wheel walker purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG); low back chapter

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

Decision rationale: When noting the injury sustained as well as the physical abilities of the injured employee reported, there is no indication that a permanent compromise to ambulation will occur as a function of this surgery. As such, there is no clinical basis presented for the need to purchase a front wheel walker. As such, the purchase of such a device is not clinically indicated based on Official Disability Guidelines (ODG). Therefore, the request is not medically necessary.

Ice unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints Page(s): 48, 299, 308.

Decision rationale: When noting the surgical intervention certified and that this ice application has only a short window of efficacy (5-7 days), there is no clinical basis presented for the purchase of an ice unit. Topical ice application does have some indication in the days just after surgery and the use of an ice bag would accomplish the same goal. As such, based on the records reviewed and American College of Occupational and Environmental Medicine (ACOEM) guidelines, there is no indication presented for a purchase of such a device. Therefore, the request is not medically necessary.

Bone stimulator purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG); Low Back Chapter

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; updated May 2014

Decision rationale: According to Official Disability Guidelines (ODG), the use of such devices is warranted in the face of risk factors. These factors include a previously failed surgery, a Grade III spondylolisthesis, a multiple level fusion, a history of tobacco abuse or other comorbidities. Based on the progress note presented for review, these comorbidities and possible carpal tunnel factors are not present. As such, there is no data presented to support the need for a bone growth stimulator in a single level fusion. Recommendation is that the request is not medically necessary.

3:1 COMMUNE PURCHASE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Durable medical equipment (DME)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter, Durable medical equipment (DME)

Decision rationale: The Official Disability Guidelines, cited above, recommend a commode when the patient is bed or room confined. In this case, the treating physician has not provided the necessary clinical indications. There is insufficient information to support the request. There are no specific parameters noted that such a device is warranted. This request is not medically necessary.