

Case Number:	CM14-0127354		
Date Assigned:	08/15/2014	Date of Injury:	06/25/2002
Decision Date:	09/18/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/11/2014

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 Spine Surgery and is licensed to practice in Texas. 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 on 06/25/2002. The mechanism of injury was not provided. The injured worker reportedly sustained an injury to her low back. The injured worker failed conservative treatment and ultimately underwent anterior posterior fusion at the L4-5 followed by removal of hardware. The injured worker had persistent radiculopathy and low back pain. The injured worker underwent insertion of a spinal cord stimulator for a trial on 05/27/2014. The injured worker was evaluated on 06/06/2014. It was noted that the injured worker had a reduction of pain of over 50% status post the spinal cord stimulator implantation with a 50% reduction in pain and significant improvements in her activity levels. A Request for Authorization for preoperative clearance and a lumbar support were submitted on 07/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 308.

Decision rationale: The requested lumbar brace is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine do not support the use of a lumbar brace for acute or chronic back pain. Official Disability Guidelines do not recommend a lumbar brace for the treatment and prevention of chronic back pain unless there is evidence of instability or a compression fracture. The clinical documentation does not provide any evidence to support extending treatment beyond guideline recommendations. As such, the requested lumbar brace is not medically necessary or appropriate.

Pre Op Chest X-Ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 12th Edition (web), 2014, Low Back, Preoperative testing, General.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Chapter, Pre-Operative Lab Testing.

Decision rationale: The requested preoperative chest x-ray is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address this request. Official Disability Guidelines recommend preoperative chest x-rays for injured workers who have cardiac or respiratory comorbidities that could contribute to intraoperative or postoperative complications. The clinical documentation submitted for review does not reflect that the injured worker has any significant cardiac or respiratory deficiencies that would contribute to intraoperative or postoperative complications. As such, the requested preoperative chest x-ray is not medically necessary or appropriate.

Pre Op Medical clearance.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 12th Edition (web), 2014, Low back chapter, Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Pain Chapter, Pre-Operative Lab Testing.

Decision rationale: The requested preoperative medical clearance is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address this request. Official Disability Guidelines recommend preoperative medical clearance for injured workers who have comorbidities that could contribute to intraoperative or postoperative complications. The clinical documentation does not provide any evidence that the injured worker has any coexisting diagnoses that could cause a complication to the requested procedure. As such, the requested preoperative medical clearance is not medically necessary or appropriate.