

Case Number:	CM14-0027171		
Date Assigned:	06/13/2014	Date of Injury:	08/26/2005
Decision Date:	07/16/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/03/2014

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 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 65-year-old female who reported an injury to her low back. The clinical note dated 08/27/13 indicates the injured worker's endurance being adversely affected by the low back complaints. The injured worker stated that she was unable to walk longer than 3 or 4 blocks at a time. The note indicates the injured worker had not returned to work as a nurse. The MRI (magnetic resonance imaging) of the lumbar spine dated 12/13/13 revealed a 3mm retropulsion causing mild mass effect on the ventral thecal sac at L1-2. No stenosis was identified. The qualified medical evaluation dated 06/10/14 indicates the initial injury occurred on 08/26/05 when she missed a step and fell resulting in a fractured right knee and low back injury. The clinical note dated 05/29/14 indicates the injured worker presenting with a compression fracture at L1 after simply bending over. There is an indication the injured worker has an old compression fracture at that site as well. The injured worker rated the ongoing low back pain as 8-9/10. The note indicates the injured worker having difficulty descending stairs.

IMR ISSUES, DECISIONS AND RATIONALES

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

KYPHOPLASTY UNSPECIFIED LEVEL: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 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, Kyphoplasty.

Decision rationale: Per Official Disability Guidelines (ODG), a kyphoplasty is indicated in the lumbar region provided the injured worker meets specific criteria to include the injured worker has undergone significant past medical treatments to include medications, bracing, and therapy. In this case, the documentation indicates that the injured worker having been diagnosed with a compression fracture at L1. No information was submitted regarding the injured worker's previous involvement with therapeutic measures addressing the low back complaints. Additionally, the ODG indicates that a kyphoplasty is further indicated when the fracture age does not exceed 3 months. It appears that the injured worker's L1 compression fracture has occurred greater than 3 months ago. Given these factors, the request is not indicated as medically necessary.

PURCHASE OF CHAIR BACK BRACE: 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, Brace.

Decision rationale: Given the not medically necessary rationale for the surgery, the associated request for a postoperative back brace is rendered not medically necessary.

HOME HEALTH ASSESSMENT: Upheld

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

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

Decision rationale: Given the not medically necessary rationale of the requested surgery, the associated request for a home health assessment is rendered not medically necessary.