

Case Number:	CM14-0034865		
Date Assigned:	06/23/2014	Date of Injury:	12/10/2011
Decision Date:	09/22/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/20/2014

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 a 37-year-old male who reported an injury on 12/10/2011 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained injuries to multiple body parts due to repetitive motion and exposure to chemicals. The injured worker's treatment history included physical therapy, hot and cold therapy, medications, interferential unit, and epidural steroid injections. The injured worker was evaluated on 01/24/2013. It was noted that the injured worker complained of constant low back pain rated at a 7/10. The injured worker's medications included metformin for diabetes, naproxen for inflammation, and Omeprazole for gastritis. The injured worker was evaluated and it was noted that the injured worker had normal reflexes of the bilateral lower extremities, and no loss of sensation of the bilateral lower extremities. The injured worker's diagnoses included displacement of the lumbar intervertebral disc without myelopathy, low back pain with bilateral lower extremity radiculopathy, old compression fracture at the L1, and rule out left sacroiliitis. The injured worker's treatment plan included the use of Sprix spray and a therapeutic epidural steroid injection. A request was made for decompression at the L5 and S1. No justification or Request for Authorization form was provided to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decompression at L5 and S1: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Low Back Chapter, Vertebral axial decompression.

Decision rationale: The requested decompression at L5 and S1 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not specifically address this request. Official Disability Guidelines do not recommend the use of decompression as there is little scientific evidence to support the efficacy and safety of this type of procedure. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. There is no recent evaluation of the injured worker to support the request. As such, the requested decompression at the L5 and S1 is not medically necessary or appropriate.