

Case Number:	CM14-0036424		
Date Assigned:	06/25/2014	Date of Injury:	01/27/2012
Decision Date:	08/15/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/25/2014

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 injured worker is a 33-year-old male who was reportedly injured on January 27, 2012. The mechanism of injury is noted as helping a heavyset client. The most recent progress note dated May 1, 2014, indicates that there are ongoing complaints of low back pain with numbness and tingling in the right leg. The injured employee was stated to be ambulating with use of a cane. The physical examination demonstrated tenderness of the lumbar spine paravertebral muscles with spasms and decreased range of motion. There was tenderness at the bilateral sacroiliac joints and the bilateral positive straight leg raise test. Decreased sensation was noted in the right L5 nerve distribution. Diagnostic imaging studies reported a left paracentral disc protrusion at L5-S1 with effacement of the anterior thecal sac and a right foraminal disc protrusion abutting the exiting right L5 nerve root. Previous treatment has included physical therapy, acupuncture, facet injections, epidural steroid injections, oral medications, activity modification and home exercise. There was stated to be a denial of the previous lumbar spine surgery request. A request had been made for a lumbar bone stimulator, a thoracolumbosacral orthosis brace, a front wheel walker, and a 3 in 1 commode and was not certified in the pre-authorization process on March 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar External Bone Stimulator: 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) Bone - Growth Stimulators (BGS) Official Disability Guidelines (ODG) Low Back Chapter and http://www.odg.twc.com/odgtwc/Knee_files/bcbs_bonestlm.htm).

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 - Lumbar and Thoracic, Bone Growth Stimulator, Updated July 3, 2014.

Decision rationale: According to the most recent progress note dated May 1st, 2014 and the prior utilization management review dated March 6, 2014, the injured employee has not been approved for lumbar spine surgery. Without lumbar spine surgery, this request for a lumbar external bone stimulator is not medically necessary.

TLSO Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Low Back Chapter. 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, Low Back - Lumbar and Thoracic, Back Brace, Postoperative, Updated July 3, 2014.

Decision rationale: According to the most recent progress note dated May 1st, 2014 and the prior utilization management review dated March 6, 2014, the injured employee has not been approved for lumbar spine surgery. Without lumbar spine surgery, this request for a thoracolumbosacral orthosis brace is not medically necessary.

Front Wheel Walker: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Walking Aides.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Walking Aids, Updated June 5, 2014.

Decision rationale: According to the most recent progress note dated May 1st, 2014 and the prior utilization management review dated March 6, 2014, the injured employee has not been approved for lumbar spine surgery. Without lumbar spine surgery, this request for a front wheel walker is not medically necessary.

3 in 1 Commode: 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), Knee and Leg, Durable Medical Equipment, Updated June 5, 2014.

Decision rationale: According to the most recent progress note dated May 1, 2014 and the prior utilization management review dated March 6, 2014, the injured employee has not been approved for lumbar spine surgery. Without lumbar spine surgery, this request for a 3 in 1 commode is not medically necessary.