

Case Number:	CM14-0042185		
Date Assigned:	08/01/2014	Date of Injury:	11/19/2012
Decision Date:	09/11/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	04/09/2014

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 injured worker is a 39-year-old male who was reportedly injured on November 19, 2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated April 4, 2014, indicated that there were ongoing complaints of low back pain. The physical examination was not reported. Diagnostic imaging studies objectified scar tissue, extruded disc fragment, and degenerative joint disease of the facet joints. Previous treatment included lumbar discectomy, postoperative rehabilitation, multiple medications and pain management interventions. A request was made for lumbar surgery (see requests 1 through 7 below) 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:

Left L4-5 and L5-S1 Laminectomy and discectomy with exploration: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 306. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back, Discectomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: As noted in the descriptive narrative provided by the requesting provider, this is an individual who currently has multiple level issues of disc fragments causing a spinal

stenosis. While taking under consideration, the previous noncertification, the additional clinical information and narrative currently supports the parameters noted in the American College of Occupational and Environmental Medicine guidelines that the surgery is moderately recommended as an effective treatment for patients with symptomatic spinal stenosis, a condition clearly is present in this situation. Therefore, based on the lack of success with conservative interventions, the pathology noted on magnetic resonance image and the findings of physical examination, there is a clinical medical necessity for this surgical intervention.

Lumbar Sacral Brace: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Back Brace.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: Given that the underlying surgical indications are currently met, there is a clinical indication for surgical intervention. The medical necessity of such a device is established.

Pneumatic Intermittent Compression Device: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 57, 61 and 65. Decision based on Non-MTUS Citation Official Disability Guidelines Knee Chapter Venous thrombosis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter updated July 2014.

Decision rationale: When noting that there is a clinical indication for a lower lumbar surgery, there is no data presented that this type of compressive cold therapy unit is clinically indicated. The parameters noted in the Official Disability Guidelines supported for extremity use but not limited. Therefore, medical necessity for this device has not been established.

Cold Therapy unit for 30 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Chapter Cold/heat.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter, updated July 2014.

Decision rationale: When noting that there is a clinical indication for a lower lumbar surgery, there is no data presented that this type of compressive cold therapy unit is clinically indicated. The parameters noted in the Official Disability Guidelines supported for extremity use but not limited. Therefore, medical necessity for this device has not been established.

Preop Medical Clearance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (iCSI) Preoperative Evaluations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Preoperative Evaluation Am Fam Physician. 2000 Jul 15; 62 (2):387-396.

Decision rationale: When noting that the request of surgery has been determined to be medically necessary, the associated preoperative clearance is also medically necessary.

Pre-Op Chest X-ray: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (iCSI) Preoperative Evaluations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Preoperative Evaluation Am Fam Physician. 2000 Jul 15; 62 (2):387-396.

Decision rationale: When noting that the request of surgery has been determined to be medically necessary, the associated preoperative chest x-ray is also medically necessary.

Post Operative Physical Therapy 3 X 6: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: When noting that the underlying surgical request is not determined to be medically necessary, postoperative rehabilitation of lumbar spine after such a surgical intervention is also considered to be medically necessary.