

Case Number:	CM14-0044196		
Date Assigned:	06/20/2014	Date of Injury:	04/02/2012
Decision Date:	08/05/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/10/2014

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 42-year-old male who reported an injury on 04/02/2012. The mechanism of injury was not stated. Current diagnoses include status post posterior lumbar interbody fusion at L5-S1 on 01/22/2013, pseudoarthrosis, broken right S1 pedicle screw, and left knee patellar tendinopathy. The injured worker was evaluated on 02/24/2014 with complaints of severe lower back pain with radiation into the bilateral lower extremities. The injured worker also reported numbness in the left foot. Physical examination revealed no acute distress, an antalgic and slow gait, guarding, restricted and painful range of motion, and no focal motor or sensory deficits in the lower extremities. Treatment recommendations at that time included a revision posterior spinal fusion with revision of implants.

IMR ISSUES, DECISIONS AND RATIONALES

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

Back 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, Treatment of Workers Compensation, Low Back Procedure Summary.

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, Back brace, post operative (fusion).

Decision rationale: The Official Disability Guidelines state a postoperative back brace following a fusion is currently under study, and given the lack of evidence supporting the use of these devices, a standard brace would be preferred over a custom postoperative brace depending on the experience and expertise of the treating physician. As per the documentation submitted for this review, the injured worker was issued authorization for the requested revision fusion surgery. Therefore, the medical necessity for the requested durable medical equipment has been established. As such, the request is medically necessary.

Postoperative Cold Compression Unit: 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) Neck & Upper Back Chapter, Continuous-flow cryotherapy.

Decision rationale: The Official Disability Guidelines state continuous flow cryotherapy for the spine is not recommended. There is no mention of a contraindication to local applications of heat or cold packs as opposed to a motorized unit. Based on the clinical information received and the Official Disability Guidelines, the request is not medically necessary.

Preoperative Labs including CBC, BMP, UA: 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, Preoperative Testing, General.

Decision rationale: The Official Disability Guidelines state preoperative testing (chest radiography, electrocardiography, laboratory testing, and urinalysis) is often performed prior to surgical procedures. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. As per the documentation submitted, there was no evidence of a significant medical history or any comorbidities that would warrant the need for medical clearance. Therefore, the current request is not medically necessary.