

<b>Case Number:</b>	CM14-0049201		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	11/05/2003
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	03/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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 New York. 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:

Patient is a 64-year-old male. The patient has a date of injury of November 30, 2003. The patient injured his back while lifting heavy objects. He has had medications without relief. An MRI of the lumbar spine shows L3-4 disc bulge, L4-5 disc bulge, there is central stenosis at L4-5. X-rays lumbar spine shows disc narrowing at L5-S1. Conservative modalities include physical therapy, epidural steroid injections, medications, and activity modification. On physical examination the patient has an antalgic gait. He has tenderness to palpation of the thoracic and lumbar regions. Lumbar range of motion is reduced. He has decreased sensation in the L5 and S1 dermatomes bilaterally. Motor strength is normal. Deep tendon reflexes are normal. At issue is whether the reevaluation with an orthopedic surgeon and other associated items for back pain are medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 post-operative evaluation with a registered nurse:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

**Decision rationale:** This patient does not require postoperative evaluation with a registered nurse. The medical records do not support a valid indication for lumbar spinal surgery. Specifically, there is no evidence of instability the lumbar spine. There is also no evidence of significant neurologic deficit in the bilateral lower extremities. Guidelines for lumbar fusion or decompressive surgery are not met in this case. Since guidelines for lumbar surgery are not met, there is no need for postoperative evaluation with a registered nurse.

**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 cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Front wheeled walker:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Re-evaluation with an orthopedic surgeon:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM: referral to specialist, Chapter 7.

**Decision rationale:** This patient does not have a diagnosis or imaging studies that support the role of spinal surgery. There is no evidence of instability, fracture, tumor, or neurologic deficit. Since there is no role for spinal surgery, there is no need for the patient to see a surgeon. The patient's low back pain should be managed non-operatively. Guidelines do not support the role for surgery. Therefore referral to a surgeon is not medically necessary in this case.