

Case Number:	CM14-0057380		
Date Assigned:	07/09/2014	Date of Injury:	11/13/2012
Decision Date:	09/03/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	04/28/2014

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 records presented for review indicate that this 57 year old female was reportedly injured on November 13, 2012. The mechanism of injury is noted as a motor vehicle accident. The most recent progress note, dated April 4, 2014, indicates that there are ongoing complaints of low back pain with radiculopathy. The physical examination demonstrated tenderness along the facets at L4 to L5 and L5 to S1. There was increased sensation at the first told bilaterally. Diagnostic imaging studies of the lumbar spine indicated postoperative changes at L4 to L5 with interval resolution of the spinal stenosis and right lateral recess stenosis. There was a 3 millimeter L5 to S1 disc bulge and facet arthropathy. Previous treatment includes a lumbar spine surgery including a bilateral L4 to L5 hemi laminectomy as well as physical therapy and epidural steroid injections. A request was made for durable medical equipment MI and was not certified in the preauthorization process on April 15, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment MI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-308. Decision based on Non-MTUS Citation Official Disability Guidelines - Low Back -- Hospital length of stay.

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 August 25, 2014.

Decision rationale: It is unclear what is meant by this request for a durable medical equipment MI. There is no documentation in the medical record referring to this equipment. Without further clarification and justification, this request for durable medical equipment MI is not medically necessary.