

Case Number:	CM14-0192300		
Date Assigned:	11/26/2014	Date of Injury:	01/30/2013
Decision Date:	01/12/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/18/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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 60 year-old female with an original date of injury on 1/30/2013. The mechanism of injury is slipping and falling on her buttock while exiting work. The industrially related diagnoses are congenital spondylolisthesis at L4-5, lower back pain. The patient has taken medication and tried physical therapy without improvement of her pain. An electromyogram on 10/10/2014 showed right-sided mild acute L5 radiculopathy and normal nerve conduction study. An MRI dated 7/11/2013 noted minimal grade 1 spondylolisthesis at L4-5 with moderate degenerative joint disease, mild to moderate spinal stenosis and bilateral foraminal narrowing at L4-5. The ordering physician has requested approval for posterior fusion surgery at L4-5 and durable medical equipment including 3 in 1 commode, TENs unit, lumbar brace, front wheel walker, and bone growth stimulator. The disputed issue is for durable medical equipment MI. A utilization review dated 11/11/2014 has non-certified these requests. The stated rationale for denial was because the surgery for L4-5 posterior fusion has been denied; there was no indication of these post-op durable medical equipments.

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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Knee & Leg, Durable medical equipment (DME)

Decision rationale: On a progress note dated 1/10/2014, a physician noted the patient has reached her maximum benefit from conservative non-operative treatment and at this time a surgical candidate. On the same date, the physician requested for authorization for patient to undergo posterior lumbar interbody fusion at L4-5, 3 days of hospital stay, LSO back brace, front wheel walker, TENS unit, bone growth stimulator, and 3 in 1 commode. Within the provided documentation, there's no indication that any surgery has been performed on this patient. Therefore, the request for post-operative durable medical equipment is not medically necessary and appropriate.