MAXIMUS Federal Services

Case Number:	CM14-0213982		
Date Assigned:	12/24/2014	Date of Injury:	12/01/2012
Decision Date:	06/04/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Arizona
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 65 year old female who sustained an industrial injury on 12/01/12. The mechanism of injury was a trip and fall. Treatments to date include are not available. Diagnostic studies include a MRI of the lumbar spine. Current complaints include back pain and radiating leg pain. Current diagnoses include L4-5 left paracentral and foraminal disk protrusion and moderate to severe central and left foraminal stenosis. In a progress note dated 11/14/14 the treating provider reports the plan of care as a decompressive treatment at the L4-5 level. The physical examination revealed the injured worker had a nonantalgic, non-spastic gait. The injured worker had tenderness across the low back, more specifically to the left side. The injured worker had more restricted range of motion and was able to flex to 45 degrees and extension past neutral caused discomfort in her back. The injured worker had a positive straight leg raise on the left at 90 degrees. The injured worker was noted to have a feeling of numbness and tingling in the left calf. The injured worker had no major motor or sensory deficits. The Achilles and patellar reflexes were within normal limits. The diagnoses included L4-5 left paracentral and foraminal disc protrusion and moderate to severe central and left foraminal stenosis. The treatment plan included a decompressive procedure at L4-5. The requested treatments are chest x-ray, urinalysis, MRSA screen, and a lumbosacral orthotic back brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chest X-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline clearing house.

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 indicate that chest radiography is reasonable for injured workers at risk of postoperative pulmonary complications if the results would change perioperative management. The clinical documentation submitted for review failed to provide a rationale for the request. There was a lack of documentation indicating the injured worker was at risk of postoperative pulmonary complications and that the results would change perioperative management. Given the above, the request for Chest X-ray is not medically necessary.

Urine analysis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline clearing house.

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 lab testing.

Decision rationale: The Official Disability Guidelines indicate that the decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. The rationale for the request was not provided. This was considered to be a preoperative laboratory study as the documentation indicated the request was made for surgical intervention. Given the above, the request for Urine analysis is not medically necessary.

MRSA screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearing house.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation labtestsonline.org/understanding/analytes/mrsa/.

Decision rationale: Per labtestsonline.org, the laboratory study is utilized "to determine your methicillin resistant staphylococcus aureus (MRSA) carrier status". The clinical documentation submitted for review failed to provide a rationale for the requested MRSA screen. Given the above, the request for MRSA screen is not medically necessary.

LSO back brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The American College of Occupational and Environmental Medicine Guidelines indicate that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Additionally, continued use of back braces could lead to deconditioning of the spinal muscles. The clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant non-adherence to guideline recommendations. There was a lack of documentation indicating a rationale for the request. Given the above, the request for LSO back brace is not medically necessary.