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| Case Number: | CM14-0214621 | | |
| Date Assigned: | 01/07/2015 | Date of Injury: | 01/17/2006 |
| Decision Date: | 03/26/2015 | UR Denial Date: | 11/18/2014 |
| 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: New York
 Certification(s)/Specialty: Neurological Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 36 year old female wrenched her back while pushing a cart on 01/17/2006. Documentation shows she was not working in the fall of 2014. A Magnetic resonance image scan of the lumbar spine on 01/11/2011 describes a Grade 11 spondylolisthesis at L5-S1, marked bilateral neuroforaminal narrowing at L5-S1 and central disc bulging at L4-5. As of 07/17/14 twelve sessions of physical therapy had been completed. The injured worker noted according to the PR2 a fifty per cent improvement in her back pain, but still had difficulty with prolonged standing or walking greater than an hour and difficulty with bending over to pick up objects. Diagnoses were Grade 11 spondylolisthesis at L5-S1, severe bilateral foraminal stenosis L5-S1, chronic low back pain and L4 radiculopathy. PR2 on 11/06/2015 noted increased low back pain with pain radiating down left buttock into posterior thigh, around lower leg onto dorsum and plantar aspects of the foot. Naprosyn 500 mg. twice a day helped pain. A Utilization review denied a request for pre-operative laboratory tests, x-rays of the lumbar spine and a Aspen LSO brace. Documentation does not include a discussion of proposed lumbar surgery. a rationale for an operation, a discussion of failure interventions short of surgery nor a physical examination of the injured worker. There is not present a rationale for plain x-rays of the lumbar spine as superior to a followup MRI scan with movement or stress images to prove lumbar instability. Per MTUS guidelines documentation does not show consideration of psychological screening has been entertained.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Pre-Operative Laboratory Works (Complete Blood Count with Differential, Comprehensive Metabolic Panel, Urinalysis, PT/PTT): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment for Workers' Compensation, Online Edition, Chapter: Low Back - Lumbar & Thoracic

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307, 310.

Decision rationale: Documentation is not provided which shows lumbar instability, severe sciatica or nerve root compromise per MTUS guidelines. Documentation is not provided which shows outcome of a home exercise program to achieve goals of program for functional restoration. This request is not medically necessary.

2 X-ray of the Lumbar Spine: Upheld

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

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.

1 Aspen LSO Brace: Upheld

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

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.

1 Pre-Operative Medical Clearance: Upheld

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

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.

