

Case Number:	CM13-0001022		
Date Assigned:	01/31/2014	Date of Injury:	01/16/1996
Decision Date:	05/20/2014	UR Denial Date:	07/03/2013
Priority:	Standard	Application Received:	07/08/2013

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 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 claimant is a 74-year-old gentleman who was injured in a work-related accident on 1/16/96, sustaining an injury to the low back. Clinical records indicate a prior history of multilevel lumbar fusion with current continued complaints of pain. An 8/5/13 follow-up report indicated a diagnosis of degenerative disc at multiple levels with hardware failure at T1-L1 confirmed by CT imaging. The claimant's prior fusion at L3-4 and L4-5 apparently was stable. It states he has failed recent care including epidural injections, medication management and physical therapy with only minimal relief. There were recommendations for a revision procedure to include removal of hardware from L1 through L3 with revision posterolateral fusion from T11 through L1. A 9/10/13 review indicates that the certification for surgery had been approved after appeals process. There are now multiple postsurgical requests for review

IMR ISSUES, DECISIONS AND RATIONALES

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

3 MINIMUM POST OPERATIVE VISITS FOR POST SURGERY CARE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The California MTUS states that patients with potentially work-related low back complaints should have follow-up every 3-5 days by a midlevel practitioner or physical therapist who can counsel the patient about avoiding static positions, medication use, activity modification, and other concerns. Health practitioners should take care to answer questions and make these sessions interactive so that the patient is fully involved in his or her recovery. If the patient has returned to work, these interactions may be conducted on site or by telephone to avoid interfering with modified or full work activities. When looking at Official Disability Guidelines criteria, three follow up office visits for the surgery in question would be supported. Given the aggressive nature of the surgery, three postoperative assessments would be reasonable considering the claimant's need for postoperative care. The request is medically necessary.

RN EVALUATION FOR WOUND CHECK/HOME HEALTH AIDE SERVICES 2-3 HOURS A DAY 2-3 TIMES A WEEK FOR 4 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, and the Medicare Benefit Policy Manual, Chapter 8 - Coverage of Extended Care SNF Services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

Decision rationale: The California MTUS/ACOEM guidelines would not support the role of four weeks of registered nurse and home care health aid health services. Records do not indicate this individual being home bound for a four week period of time, nor would it indicate need for specific "health aid services" that were not clearly defined. The specific request in this case would not be supported. As such, the request is not medically necessary.

PRE OPERATIVE LAB AND MEDICAL CLEARANCE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127; and the Official Disability Guidelines

Decision rationale: Based on California MTUS ACOEM Guidelines and supportive Official Disability Guidelines, preoperative medical laboratory testing and medical clearance would be appropriate. This is a 70+ year old individual who is undergoing an aggressive revision lumbar surgical procedure with hardware. Given the nature of the procedure, the role of preoperative assessment and testing would be appropriate. As such, the request is medically necessary.

COMMUNE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CMS Medical Benefit Policy Manual, Chapter 15, Section 110.1; and the Blue Cross of California Medical Policy Durable Medical Equipment CG-DME-10

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The California MTUS/ACOEM Guidelines are silent on this issue, so alternate guidelines were consulted. The Official Disability Guidelines state that certain DME toilet items (commodes, bed pans, etc.) are medically necessary if the patient is bed- or room-confined, and devices such as commode chairs, may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. The ODG therefore would support the role of a home commode following surgery given the nature of the surgery in question. As such, the request is medically necessary.