

Case Number:	CM13-0036037		
Date Assigned:	12/13/2013	Date of Injury:	04/28/2006
Decision Date:	03/27/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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 patient is a 55-year-old female who reported an injury on 04/28/2006. The mechanism of injury was not specifically stated. The patient is diagnosed with lumbago, spinal stenosis of the lumbar region, and left ankle sprain. The patient was seen by [REDACTED] on 09/06/2013. The patient reported persistent lower back pain with radiation to the left lower extremity. Physical examination revealed diminished extensor hallucis longus strength bilaterally, decreased sensation to pinprick and light touch over the dorsum of the foot and lateral calf bilaterally, absent patella reflexes bilaterally, and 1+ Achilles reflexes bilaterally. The patient also demonstrated post straight leg raising and Lasegue's test bilaterally. Treatment recommendations included an L4-5 bilateral microdecompression, preoperative medical clearance, postoperative rehabilitation of 12 sessions, durable medical equipment, home care of 2 hours per day for 6 days per week, and transportation to and from activities of daily living and treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA 2007 Guidelines on Perioperative Cardiovascular Evaluation and Care of Noncardiac Surgery (<http://circ.ahajournals.org/cgi/content/full/116/17/e418>).

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: Official Disability Guidelines state preoperative testing is often performed before surgical procedures. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. As per the documentation submitted, the patient does not maintain a significant medical history, nor evidence of comorbidities. The medical necessity for preoperative medical clearance has not been established. As such, the request is non-certified.

Post-operative rehabilitation (2 times per week for 6 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25-26.

Decision rationale: California MTUS Guidelines state the initial course of therapy means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. Postsurgical treatment following a discectomy or laminectomy includes 16 visits over 8 weeks. The current request for 12 sessions of physical therapy exceeds guideline recommendations. Therefore, the request is non-certified.

Home Care - 2 hours per day, 6 days per week for 2 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: California MTUS Guidelines state home health services are recommended only for otherwise recommended medical treatment for patients who are home bound on a part time or intermittent basis, generally up to no more than 35 hours per week. As per the documentation submitted, there is no indication that the patient will be home bound following surgical intervention. The medical necessity for home healthcare has not been established. As such, the request is non-certified.

transportation to and from Activities of Daily Living (ADLs) and treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Chapter, Transportation (to & from appointments).

Decision rationale: Official Disability Guidelines state transportation to and from appointments is recommended for medically necessary transportation to appointments in the same community for patients with disabilities preventing them from self transport. As per the documentation submitted, there is no indication that this patient will be home bound or unable to perform self transport following surgical intervention. There is also no indication that this patient utilized public and/or private transportation. The medical necessity has not been established. As such, the request is non-certified.