

Case Number:	CM13-0053820		
Date Assigned:	02/10/2014	Date of Injury:	02/21/2013
Decision Date:	06/02/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/18/2013

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 Texas and 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 patient is a 51-year-old male who reported an injury on 02/21/2013. On the patient's examination dated 12/02/2013, the patient was noted to have significant scoliosis concave to the right when examined posteriorly and has a significant paraspinal left-sided muscle spasm throughout the lumbar region. The patient had a significant decreased range of motion of flexion and extension with motor rating 5/5 throughout all 4 extremities, and sensory normal as well as reflexes 2/2. The patient remainder of the examination was normal. On review of the patient's CT scan and MRI scan, the CT scan of the lumbar spine performed on 08/15/2013 demonstrated an extraordinarily severe scoliosis throughout the lumbar spine with severe degenerative disc disease and collapse of the disc spaces from L1-2 and L3 to L5-S1. The patient had associated osteophytic riding at those levels, and the MRI scan demonstrated very severe changes on the coronal images at every level from T12-S1. The patient had mild to moderate lateral stenosis at each level, and all levels were involved. The patient also had ventral defects and lumbar spondylitic change at all levels. The patient had been seen by pain management and went for approximately 9 weeks of physical therapy without any benefit, but had not undergone an epidural steroid injection. The patient has been diagnosed as having acute lumbar strain/sprain with radiculopathy and more than likely a herniated disc in the lumbar spine at L4, L5, and S1 in that region, as well as compensatory thoracolumbar muscle spasticity.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 DAY INPATIENT HOSPITAL STAY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back.

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, Hospital Length Of Stay (LOS).

Decision rationale: Under Official Disability Guidelines, patients who undergo lumbar fusion surgeries whether it is performed posteriorly, anteriorly, or laterally, are supported for 3 days of in-hospital stay. For thoracic fusion of the posterior spine, patients are supported for 5 days of length of stay in the hospital. However, the procedure has not been scheduled at this time. Therefore, the requested service is not considered medically necessary at this time.

EXTERNAL BONE GROWTH STIMULATOR: Upheld

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

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, Bone Growth Stimulators (BGS).

Decision rationale: This treatment can be either invasive or noninvasive, and medically necessary as an adjunct to spinal fusion surgery for patients with one or more previous failed spinal fusions, a grade III or worse spondylolisthesis documented, whereupon fusion to be performed is going to be at more than 1 level. Also the patient has a current smoking habit, or diabetes, renal disease, or alcoholism, or has significant osteoporosis demonstrated on radiographs. The patient has been diagnosed as having fairly severe scoliosis and spondylitic changes in his lumbar region. A T11-S1 instrumentation fusion bilaterally with pelvic fixation has been discussed; however, there is no pending surgery date at this time. Therefore, a bone growth stimulator cannot be supported without having a definitive indication for its use. As such, the requested service is not medically necessary.

1 BOX OF ISLAND BANDAGE A6220, 4 PER BOX, QUANTITY 14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Practice Standard of Care Support.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medex Supply Website, Wound Care Dressing, Island Cloth Dressings.

Decision rationale: According to the MedEx Supply website, this product is a super absorbent pad which provides maximum performance, and has a soft nonwoven backing conforms and seals wound on all 4 sides. There can be sizes for surgical and chronic wounds, and the unique

TELF A Mylar film minimizes wound trauma during removal. Although this product is considered medically appropriate for use after a patient has undergone a surgical procedure, without having a through overview of when the procedure will occur, the requested service cannot be supported. As such, the requested service is not medically necessary.

TL SO BACK BRACE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,308.

Decision rationale: According to California MTUS at ACOEM, lumbar support (corset) is not recommended for the treatment of low back disorders and has not been shown to have any lasting benefit beyond the acute phase of symptom relief. However, it is indicated the patient would be undergone a surgical procedure; and under Official Disability Guidelines, the use of a back brace for postoperative indications after fusion are under study. This is due to a lack of evidence supporting the use of these devices, whereupon a standard brace would be preferred over a custom postop brace, depending on the experience and expertise of the treating physician. Without having a definitive date for a surgical procedure, it is unclear at this time if a TL SO brace would be considered an appropriate postoperative treatment measure. As such, the requested service is not medically necessary.

POST-OPERATIVE PHYSICAL THERAPY THREE TIMES A WEEK FOR SIX WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: According to the California MTUS Postsurgical Rehabilitation Guidelines, patients undergoing fusion surgery are supported for 34 visits over 16 weeks for physical therapy. In the case of this patient, it was noted that he has been opted for T11-S1 instrumentation fusion bilaterally with pelvic fixation. Therefore, the request would be considered medically appropriate once the date has been set for the procedure. However, with the patient's most recent clinical date from 01/06/2014, it is unknown when the surgery is to take place. Therefore, at this time, the request is not considered medically necessary and is not medically necessary.