

Case Number:	CM13-0054968		
Date Assigned:	12/30/2013	Date of Injury:	06/26/2006
Decision Date:	04/04/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/20/2013

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 Family Practice, and is licensed to practice in Texas. 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 52-year-old male who reported an injury on 6/26/06. The mechanism of injury was not provided for review. The patient ultimately developed chronic low back pain and underwent fusion surgery at the L4-5 and L5-S1, which failed to resolve the patient's symptoms. The patient's diagnoses included status post L4-5 and L5-S1 posterior interbody fusion with instrumentation, high-grade foraminal stenosis at the L4-5 and L5-S1, marked bony hyperostosis and nerve root compression at the L4-5 and L5-S1, and severe bilateral leg radiculopathy. The patient's treatment plan included revision to the bilateral L4-5 and L5-S1, with laminar foraminectomy with resection of the bony hyperostosis and nerve decompression.

IMR ISSUES, DECISIONS AND RATIONALES

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

2-3 day hospital stay: Upheld

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 Official Disability Guidelines

Decision rationale: The Official Disability Guidelines recommend a one-day hospital stay for nerve root decompression laminar foraminotomy. The request exceeds the one-day

recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested 2-3 day hospital stay is not medically necessary or appropriate

bone 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

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 Official Disability Guidelines recommend a bone growth stimulator for patients who have a history of failed fusion. The clinical documentation submitted for review does provide evidence that the patient underwent fusion surgery in August 2008. However, the clinical documentation fails to provide evidence that the patient is at risk for a failed fusion. Therefore, the need for a bone growth stimulator is not clearly established. As such, the requested bone stimulator is not medically necessary or appropriate.

lumbar support: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines.

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 Official Disability Guidelines do not recommend the use of lumbar supports after spinal surgery. There is no scientific evidence to support the efficacy of immobilization of the spine following spine surgery. As such, the requested lumbar supports are not medically necessary or appropriate.

two weeks of home health care: Overturned

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

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

Decision rationale: The California MTUS recommends home health care for patients who are home bound on a part-time or intermittent basis. The clinical documentation submitted for review did not provide any evidence that the patient is at risk for being home bound as the result of the requested surgical intervention. Therefore, the need for home health care is not clearly established. As such, the requested two weeks of home health care is not medically necessary or appropriate.

18-24 visits of postop to begin six weeks post surgery: Upheld

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 Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: The California MTUS recommends an initial course of treatment equal to half the number of recommended visits to establish the efficacy of physical therapy as a treatment modality in the management of postsurgical intervention. For this type of surgical intervention, up to 16 visits of postoperative physical therapy would be warranted, so the initial course of treatment would be 8 visits. The requested 18-24 visits exceed this recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested 18 to 24 visits of postoperative physical therapy are not medically necessary or appropriate.