

Case Number:	CM13-0055596		
Date Assigned:	12/30/2013	Date of Injury:	11/03/2006
Decision Date:	03/27/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/21/2013

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 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 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 60 year old female who sustained a work related injury to her lower back, left shoulder and left knee while packing boxes on 11/03/2006. Prior treatment included lumbar epidural steroid injections, physical therapy and medication management (in addition to shoulder arthroscopy). MRI of the lumbar spine dated 10/25/2012 revealed ventral and right sided disc protrusion at L5-S1. Lumbar discogram dated 10/04/2012 revealed concordant pain at the L4-5 and L5-S1 levels. Clinic note dated 09/23/2013, by [REDACTED], documented tenderness, spasms and guarding of the lumbar paraspinals. Patient can flex to 30 degrees and extend 20 degrees. Bending is 10 degrees to the right and left. Straight leg raise is positive. There is decreased sensation in the right L4, L5 and S1 dermatomes. The left L5 dermatome shows some decreased sensation. Diagnosis: L4-L5 and L5-S1 discogenic pain with right lower extremity radiculopathy; L4-L5 spondylolisthesis; status post left shoulder arthroscopy; left knee strain and right ankle sprain. The patient had a concurrent request for a 2 level lumbar fusion at L4-5 and L5-S1; however, this is reported as being non-certified. The current request is for post operative care to include 3-in1 Commode, front wheeled walker, 2 day inpatient hospital stay and post-operative evaluation with a nurse.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 3-in-1 Commode: 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), Knee and Leg Chapter, Online Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Hip Section.

Decision rationale: The utilization review dated November 15, 2013 documents the request for surgical fusion to be non-certified. As this request was for postoperative home health services, the request does not meet the guidelines. If the requested fusion was approved, this request would meet the guidelines in that the patient would be homebound for an intermittent period of time following a multi-level lumbar fusion. The ODG specifically states, "certain DME toilet items (commodes, bed pans, etc.) are medically necessary if the patient is bed-or room-confined, and devices such as raised toilet seats, commode chairs, sitz baths and portable whirlpools may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations."

1 front wheeled walker: 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), Knee and Leg Chapter, Online Edition.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Walkers.

Decision rationale: The utilization review dated November 15, 2013 documents the request for surgical fusion to be non-certified. As this request was for postoperative home health services, the request does not meet the guidelines. If the requested fusion was approved, this request would meet the guidelines which state wheeled walkers are preferable for patients with bilateral disease. Although this is not a bilateral disease, a multi level fusion would affect the bilateral lower extremities and as such, the walker would assist the patient in moving around.

2 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 Official Disability Guidelines (ODG), Low Back Chapter, Online Edition, ODG Hospital Length of Stay (LOS) Guidelines

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, Hospital Length of Stay.

Decision rationale: The utilization review dated November 15, 2013 documents the request for surgical fusion to be non-certified. As this request was for postoperative hospital length of stay, the request does not meet the guidelines. If the requested fusion was approved, this request would meet the guidelines in that 3 days is the median hospital length of stay for lumbar fusions.

1 postoperative evaluation with a nurse: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 54.

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

Decision rationale: The utilization review dated November 15, 2013 documents the request for surgical fusion to be non-certified. As this request was for postoperative evaluation with a nurse, the request does not meet the guidelines.