

Case Number:	CM13-0062874		
Date Assigned:	01/17/2014	Date of Injury:	11/27/2012
Decision Date:	04/29/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/09/2013

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 Internal Medicine 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 patient is a 30-year-old female with date of injury on 11/27/2012 injuring her back while riding an amusement park ride on a company outing. She has a diagnosis of lumbar back pain with foraminal stenosis at L4-L5 and disc bulging at L4-L5, and L5-S1. She continues to complain of back pain despite conservative care with physical therapy, acupuncture, and epidural steroid injection. Per the treating provider notes, she has failed both conservative and minimally invasive care and a planned surgery is suggested. The request is for a 3-in-1 commode, 1 front-wheeled walker, 1 custom thoracolumbar orthotic, 1 Lumbar Laminectomy with posterior Spinal Fusion with Instrumentation and Post-Lateral Interbody Fusion at the Level of L5-S1, 1 Pre-Operative Medical Clearance, and 5 days Inpatient Hospital Stay.

IMR ISSUES, DECISIONS AND RATIONALES

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

3-in-1 Commode: Overturned

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 Chapter.

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

Decision rationale: The only guideline for bedside commode is under the ODG chapter for knee complaints. There is no mention in the MTUS or ODG for low back complaints. ODG states that "most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. Certain durable medical equipment (DME), toilet items (commodes, bed pans, etc.) are medically necessary if the patient is bed- or room-confined. " Per the treatment records, there is no indication that this patient is medically confined to bed or is unable to ambulate at this current time. However, there is a surgery planned on her lumbar spine and as such, she will have mobility limitations at that time and the bedside commode will be medically necessary .

Front-Wheel Walker: Overturned

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 Chapter .

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

Decision rationale: The MTUS guidelines and ODG do not specifically address use of walking aids for low back pain. However, for knee issues, it can be recommended to help with ambulation and decrease force directly applied to the area of concern. As such, given the claimant's low back pain and radiculopathy, this is a reasonable approach to help with ambulation and decrease pain. Therefore, the front wheeled walker is medically necessary and therefore certified.

Thoracolumbosacral Orthotic Custom-Molded Brace: Overturned

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 Chapter .

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 complaints, Back bracing.

Decision rationale: The MTUS guideline does not address back bracing specifically. ODG addresses back bracing for post-operative fusion. It can also be recommended for treatment for low back pain, although the quality of evidence is poor and not much available. There is very little evidence of harm. As such, it often can be used during flares of pain and this is a reasonable, non-invasive approach for some patients. As such, the Thoracolumbosacral orthotic brace is medically necessary.

Prospective Request for 1 Lumbar Laminectomy, Posterior Spinal Fusion with Instrumentation and Post- Lateral Interbody Fusion at the Level of L5-S1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints Page(s): 287-315.

Decision rationale: The patient has documented evidence of spinal pathology at the level L5-S1 by MRI and electrodiagnostic studies to confirm the L5 nerve root is being affected. She has failed conservative care both by medication trials and time. She has done functional rehabilitation with chiropractic manipulations, acupuncture and standard physical therapy. There is adequate documentation given to support the failure and outcomes of these treatments. The patient is still symptomatic and the treating provider stated specifically that he wanted to hold off with surgery for as long as possible. However, as above, the failure of the other treatment modalities is apparent and the next step based on the treatment plan would be for laminectomy and fusion at L5-S1. The MTUS guidelines state that surgery is an option for treatment of low back pathology if radiological and clinical history correlate, coupled with electrodiagnostic studies to confirm, if possible. Furthermore, failure of conservative care must be documented. The patient meets all of these criteria and the lumbar laminectomy with spinal fusion at L5-S1 is medically necessary.

Prospective Request for 1 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 Official Disability Guidelines (ODG), Hospital Length of Stay.

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, Preoperative testing .

Decision rationale: The MTUS and ACOEM guidelines do not address pre-operative testing and medical clearance. The ODG states that preoperative testing may be necessary if the patient is considered a high-risk surgical candidate and/or if high risk surgery is being performed. This patient is currently a 30 year old female with no reported medical problems. As such, she is by definition, a very low risk patient and preoperative medical clearance is not medically necessary.

Prospective Request for 5 days 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), Hospital Length of Stay.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Thoracic and Lumbar, Hospital Length of Stay.

Decision rationale: The MTUS and ACOEM guidelines do not address hospital length of stay. According to the ODG, for the planned procedure, assuming no complications occur, the mean length of stay is 4 days or less with 2-4 being the normal. As the request is written for 5 day length of stay, it is not medically necessary and does not correlate with the ODG guidelines.