MAXIMUS Federal Services

Case Number:	CM13-0065709		
Date Assigned:	01/03/2014	Date of Injury:	05/04/2004
Decision Date:	05/19/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/13/2013

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. 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 injured worker is a 56-year-old female who reported an injury on 05/04/2004. The mechanism of injury was not provided. The injured worker is currently diagnosed with lumbar stenosis at L3-4. The injured worker was evaluated on 11/04/2013. It is noted that the injured worker underwent successful L4-5 lumbar decompression and fusion on 07/05/2011 with subsequent removal of hardware on 12/18/2012. The injured worker has noticed a worsening of lower back pain. It is also noted that a recent lumbar MRI completed on 10/21/2013 indicated markedly worsened stenosis at L3-4. Physical examination was not provided on that date. Treatment recommendations included decompression of severe stenosis at L3-4. A request for authorization was then submitted on 12/06/2013 for a lumbar laminectomy with decompression, fusion, and instrumentation as well as preoperative screening, a urine drug screen, a 3 day inpatient stay, and durable medical equipment with home health and physical therapy evaluations.

IMR ISSUES, DECISIONS AND RATIONALES

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

COLD COMPRESSION: 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, and COLD/HEAT PACKS

Decision rationale: Official Disability Guidelines state cold and heat packs are recommended as an option for acute pain. At home local applications of cold packs in the first few days of acute complaint are recommended with application of heat packs thereafter. There is no mention of a contraindication to at home local applications of cold packs as opposed to a motorized unit. The duration of treatment was also not specified in the request. Therefore, the request is not medically appropriate. As such, the request is not medically necessary.

HOME HEALTH EVALUATION FOR WOUND CARE: Upheld

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

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 homebound, 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 this injured worker will be home bound following surgical intervention. There is also no indication that this injured worker's surgical procedure has been authorized. Therefore, the request is not medically necessary.

PHYSICAL THERAPY EVALUATION FOR HOME INSTRUCTION: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10 AND 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 laminectomy includes 16 visits over 8 weeks. Postsurgical treatment following a fusion includes 34 visits over 16 weeks. There is no indication that this injured worker's surgical procedure has been authorized. Therefore, the current request for a physical therapy evaluation cannot be determined as medically necessary. Therefore, the request is not medically necessary.