

Case Number:	CM13-0069632		
Date Assigned:	01/03/2014	Date of Injury:	02/18/2013
Decision Date:	06/03/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/23/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 37-year-old female with date of injury of 02/18/2013. The listed diagnoses per medical records dated 11/11/2013, include: 1. L5-S1 disc herniation with bilateral radiculopathies right greater than left. 2. Symptomatic L5-S1 facet disease. 3. Status post L5-S1 ESI from 11/07/2013, [REDACTED] 4. Asthma. The patient continues to complain of back pain with radiation to her bilateral posterior legs, the right worse than the left. The patient underwent a L5-S1 epidural steroid injection (ESI) with [REDACTED] on 11/07/2013. The patient reported 50% improvement in her leg symptoms, but reports some of her symptoms are beginning to return. Unfortunately, her back pain did not improve drastically. The patient continues to take Norco 5 mg, Flexeril, naproxen and Xanax for pain relief. Any prolonged sitting or standing results in increased radicular pain especially with ambulation. An exam shows moderate tenderness to palpation in the lumbar region. There is moderate to severe tenderness to palpation in the lumbosacral region and guarding with extension. The low back range of motion is decreased to 50% of normal. The straight leg raising test is positive bilaterally, right greater than left. Her reflexes are diminished in the bilateral Achilles tendons. The utilization review denied the request on 11/25/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWO (2) DAY INPATIENT STAY FOR SURGERY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), HOSPITAL STAY FOR LUMBAR SURGERY.

Decision rationale: This patient presented with back pain radiating to her bilateral posterior legs. The treater is requesting a two (2) day inpatient stay for surgery. The Official Disability Guidelines recommend a median of one (1) day for discectomy. The utilization review authorized the request for an L5-S1 Discectomy and a 1 day inpatient stay. The 71 pages of records do not show any recent operative reports for discectomy at L5-S1. The request does not meet guideline recommendations. Recommendation is for denial.

ELEVATED TOILET SEAT: 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), DURABLE MEDICAL EQUIPMENT (DME).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), DURABLE MEDICAL EQUIPMENT (DME).

Decision rationale: This patient presented with back pain radiating to her bilateral posterior legs. The treater is requesting an elevated toilet seat. The Official Disability Guidelines indicate that durable medical equipment is "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below. Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home...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." In this case, the patient will be utilizing the elevated toilet seat following surgery. Recommendation is for authorization.

REACHER/GRABBER: 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), DURABLE MEDICAL EQUIPMENT (DME).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), DURABLE MEDICAL EQUIPMENT (DME).

Decision rationale: This patient presented with back pain radiating to her bilateral posterior legs. The treater is requesting a reacher/grabber. The Official Disability Guidelines under durable medical equipment recommend: 1. DME is given if it can withstand repeated use. 2. Primarily and customarily used to serve a medical purpose. 3. Generally, it is not useful to a person in the absence of illness or injury. 4. Appropriate for use in the patient's home. The progress report dated 11/11/2013 shows that the patient has moderate to severe tenderness to palpation in the lumbosacral region including a positive bilateral Straight Leg Raise. In addition, the patient will be undergoing surgery for the lumbar spine. In this case, the patient will be using this device to aid in his ability to reach for items while recovering from surgery. Recommendation is for authorization.

MEDICAL PRE-OPERATIVE CLEARANCE WITH INTERNIST TO INCLUDE CHEST X-RAY (CXR) AND ELECTROCARDIOGRAM (EKG): 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PREOPERATIVE ELECTROCARDIOGRAM (ECG).

Decision rationale: This patient presented with back pain radiating to the bilateral posterior legs. The treater is requesting a medical pre-operative clearance with internist to include chest X-ray and electrocardiogram (EKG). The Official Disability Guidelines indicate that "Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings....Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management." Aside from a history of asthma, the patient does not present with on-going pulmonary symptoms like chronic obstructive pulmonary disease (COPD) or sleep apnea. Given the lack of documented respiratory symptoms, recommendation is for denial. For the EKG, the guidelines indicate that preoperative electrocardiogram (ECG) is "Recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography." In this case, the patient has no documented history of cardiovascular disease that would necessitate the use of a pre-operative EKG. Recommendation is for denial.