

Case Number:	CM13-0069961		
Date Assigned:	01/03/2014	Date of Injury:	06/20/2012
Decision Date:	06/24/2014	UR Denial Date:	12/13/2013
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 & Rehabilitation, 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 46-year-old male who has submitted a claim for displacement of thoracic or lumbar intervertebral disc without myelopathy associated with an industrial injury date of June 20, 2012. The patient complains of continued low back pain radiating to the bilateral lower extremities. Physical examination of the lumbar spine showed moderate tenderness and spasm over the bilateral paralumbar musculature; limitation of motion; and a positive straight leg raise test bilaterally. The patient was diagnosed with discogenic pain at L5-S1 with previous MRI evidence of left paracentral protrusion measuring 7mm impinging the exiting left S1 nerve root; lower extremity radicular pain; and status post anterior lumbar interbody fusion at L4-5 with solid fusion. A posterior lumbar interbody fusion at L5-S1 is contemplated. Treatment plan includes requests for TENS unit, hot/cold unit, and a post operative home health nurse for daily dressing changes and wound check for 14 days. Treatment to date has included oral and topical analgesics, muscle relaxants, physical therapy, lumbar ESI, trigger point injections and lumbar spine surgery. Utilization review from December 13, 2013 denied the requests for TENS unit because there was no documentation of failure of conservative therapies; and hot/cold unit because there was no indication for a specific unit to be provided. The request for home health nurse daily for 14 days was modified to home health nurse for dressing change 6 times in the first 2 weeks or 14 days because this is a specific nursing requirement; the patient is expected to be homebound for the first 2 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN GUIDELINES, , 116

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-118.

Decision rationale: Page 114-118 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that TENS is recommended as a treatment option for acute post-operative pain in the first 30 days post-surgery. Transcutaneous electrical nerve stimulation (TENS) appears to be most effective for mild to moderate thoracotomy pain. It has been shown to be of lesser effect, or not at all for other orthopedic surgical procedures. Rental would be preferred over purchase during this 30-day period. In this case, a posterior lumbar interbody fusion at L5-S1 is contemplated. A TENS unit was requested for postoperative use. The guidelines support the use of TENS for acute postsurgical pain for the first 30 days post operatively. However, the date of the surgery was not mentioned. It was unclear whether the patient has exceeded the recommended time period of first 30 days post-operatively as treatment duration for TENS unit. Moreover, the request did not specify whether the unit is for rental or purchase. The duration of intended use is likewise not specified. The medical necessity has not been established due to lack of information. Therefore, the request for a TENS UNIT is not medically necessary.

HOT/COLD UNIT: 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 Other Medical Treatment Guideline or Medical Evidence: Aetna Clinical Policy Bulletin: Cryoanalgesia and Therapeutic Cold

Decision rationale: CA MTUS does not specifically address this issue. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Aetna Clinical Policy Bulletin was used instead. Aetna considers the use of hot/ice machines and similar devices experimental and investigational for reducing pain and swelling after surgery or injury. Studies failed to show that these devices offer any benefit over standard cryotherapy with ice bags/packs. In this case, a posterior lumbar interbody fusion at L5-S1 is contemplated. A hot/cold unit was requested for postoperative use. The guideline does not support the use of a hot/cold unit over ice bags/packs. The request likewise failed to specify the duration of intended use, and if the unit is for rental or purchase. The medical necessity has not been established. Therefore, the request for HOT/COLD UNIT is not medically necessary.

HOME HEALTH NURSE DAILY FOR 14 DAYS: Upheld

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

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

Decision rationale: Page 51 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that 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. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. In this case, a posterior lumbar interbody fusion at L5-S1 is contemplated. A home health nurse was requested to help the patient change the surgical dressing. The guideline criteria were met; however, the request failed to specify the number of hours per visit that the patient requires assistance. The duration of time is significant in order to meet the guideline recommendation. Therefore, the request for HOME HEALTH NURSE DAILY FOR 14 DAYS is not medically necessary.