

Case Number:	CM13-0072338		
Date Assigned:	01/08/2014	Date of Injury:	07/17/2012
Decision Date:	04/15/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	12/30/2013

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, and is licensed to practice in Illinois. 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 male who reported an injury on 07/17/2012. The mechanism of injury was not specifically stated. The patient is currently diagnosed with lumbar disc disease with radiculopathy. The patient was seen by [REDACTED] on 10/02/2013. The patient reported 8-9/10 pain. Physical examination revealed moderate tenderness to palpation with evidence of paravertebral muscle spasms, restricted range of motion, positive straight leg raise, intact sensation and decreased strength. Treatment recommendations included a lumbar laminectomy with instrumentation and fusion at L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 Post-Op Therapy Sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25-26.

Decision rationale: The California MTUS Guidelines state that the initial course of therapy means 1/2 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. Therefore, the current request for 18 postoperative therapy sessions greatly exceeds the guideline recommendations. Therefore, the request is non-certified.

1 External Bone Growth Stimulator: 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- Lumbar & Thoracic (Acute & Chronic)

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, Bone Growth Stimulator

Decision rationale: The Official Disability Guidelines state either invasive or noninvasive methods of electrical bone growth stimulation may be considered medically necessary as an adjunct to spinal fusion surgery. As per the documentation submitted, the patient has been authorized to undergo a lumbar laminectomy without a fusion. Therefore, the patient does not meet the criteria for the requested durable medical equipment. As such, the request is non-certified.

1 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 & Leg Chapter, Walking Aids

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

Decision rationale: The Official Disability Guidelines state that walking aids, such as walkers, are recommended for specific indications. As per the documentation submitted, there is no indication of significant instability. There is no indication that the patient currently utilizes an ambulatory aid. The medical necessity has not been established. Therefore, the request is non-certified.

3 to 5 Day Inpatient Stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Hospital Length of Stay (LOS)

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, Hospital Length of Stay

Decision rationale: The Official Disability Guidelines state that hospital length of stay following a laminectomy includes 2 days. Therefore, the current request exceeds the guideline recommendations. As such, the request is non-certified.

1 Medical Home Health Nurse Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

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

Decision rationale: The California MTUS 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 for up to no more than 35 hours per week. As per the documentation submitted, there is no indication that this patient will be homebound for any length of time following surgery. The medical necessity has not been established. As such, the request is non-certified.