

Case Number:	CM14-0011944		
Date Assigned:	02/21/2014	Date of Injury:	03/02/2012
Decision Date:	06/26/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	01/29/2014

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 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:

This 56-year-old male home health care provider sustained an industrial injury on 3/2/12, relative to heavy lifting. Past medical history was positive for a cervical surgery in 1987 and diabetes. The 6/6/13 lumbar MRI documented degenerative disc change at multiple levels, facet joint changes at the L5/S1, and slight displacement of the left L5/S1 nerve roots. Records indicated that the patient had failed conservative treatment included medication, physical therapy, acupuncture, epidural steroid injections, and an L4/5 and L5/S1 median branch block. The 1/3/14 treating physician report cited predominant low back and left leg pain, and less significant neck pain and spasm. MRI findings were reviewed, including severe root compression of the left L5 root in a far lateral position at L5/S1, retrolisthesis, and slight degenerative disc disease at L4/5. Lumbar x-rays showed 4 mm retrolisthesis at L4/5 with flexion/extension, and 9-10 mm movement of L5 on the back of S1. Physical exam findings documented left antalgic gait using a cane, positive left straight leg raise, left ankle dorsiflexion weakness, diminished sensation dorsum of left foot, and diminished reflexes. The treatment plan recommended anterior retroperitoneal stabilization at L5/S1, laminectomy and interbody graft and spinal plate. The 1/22/14 utilization review recommended certification of the request for anterior L5/S1 interbody fusion with new-instrumentation and posterior left L5/S1 laminectomy with an assistant surgeon and a co-vascular surgeon, and lumbar brace purchase. The request for a 3-4 day in-patient stay was modified to 3-days, and the request for hot/cold therapy unit purchase was modified to 7 days use.

IMR ISSUES, DECISIONS AND RATIONALES

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

3-4 DAY STAY AT SCRIPPS MERCY HOSPITAL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POST SURGICAL TREATMENT GUIDELINES, ,

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 - Lumbar & Thoracic, Hospital length of stay (LOS)

Decision rationale: Under consideration is a request for 3 to 4 day stay at Scripps Mercy Hospital. The Chronic Pain Medical Treatment Guidelines does not provide hospital length of stay recommendations. The Official Disability Guidelines recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. The recommended mean and best practice target LOS for anterior or posterior lumbar fusion is 3 days. The 1/22/14 utilization review modified the request for 3 to 4 days length of stay, and certified 3 days. There is no compelling reason to support the medical necessity of this request beyond guideline recommendations. Therefore, the request for 3-4 day stay at Scripps Mercy hospital is not medically necessary.

HOT/COLD THERAPY UNIT FOR PURCHASE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM) PRACTICE GUIDELINES, CHAPTER 12: LOW BACK COMPLAINTS,

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 - Lumbar & Thoracic, Cold/heat packs

Decision rationale: Under consideration is a request for hot/cold therapy unit for purchase. The Chronic Pain Medical Treatment Guidelines is silent regarding cold therapy units. The Official Disability Guidelines recommend cold/heat packs as an option for acute low back pain. In general, guidelines recommend continuous flow cryotherapy systems for up to 7 days post-operative use. There is no compelling reason to support the medical necessity of this request beyond guideline recommendations. Therefore, the request for hot/cold therapy unit for purchase is not medically necessary.