

Case Number:	CM14-0012096		
Date Assigned:	02/21/2014	Date of Injury:	04/25/1994
Decision Date:	06/26/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/30/2014

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 Pain 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:

This patient is a 59-year-old female with date of injury of 04/25/1994. Per treating physician's report 12/04/2013, listed diagnoses are: 1. Lumbar radiculopathy. 2. Postlaminectomy syndrome. 3. Numbness, radiculopathy, paresthesia, pain in limb. Treatment plan states, "[REDACTED] returns with continued back and right leg pain as well as pain into the right anterior shin. She has multiple falls. The right L5 pedicle screw is lateral, likely causing right L5 denervation. Surgery is reasonable for removal of hardware, exploration, fusion, or possible revision fusion." CT scan of the lumbar spine was reviewed and surgical plan was revisited with the patient. The patient would like for postoperative rehab/physical therapy to be authorized at the [REDACTED], which is appropriate. Home nursing for daily dressing changes was not authorized and would like to appeal the denial and set up a peer-to-peer. Under subjective complaints, surgery has been scheduled for early January but the patient would like to push the surgery back a couple of weeks due to family emergency. The current symptoms consist of pain in the band-like lower lumbar region with radiation into the legs with lateral thigh, right leg is worse than left, numbness and weakness of the legs. She has fallen due to leg issues. 07/03/2013 is an operative report for spinal cord stimulator lead placement. 11/13/2013 progress report indicates the patient's ongoing pain in the low back and bilateral lower extremities, seen accompanied by her in-home aid, difficulty with prolonged sitting, walking, worsening pain in the low back. The patient fell last month when her legs got numb. She ended up striking her face, right hand, right knee, and the patient continues to require home care assistance. The patient had spinal cord stimulator trial on 07/03/2013 removed 5 days later, with pain reduced by 60% to 70%, able to reduce her medication intake, and interested in permanent spinal cord stimulation implant. The examination showed some weakness with 4/5 distal leg muscles for

plantar flexion, gastrocnemius, tibialis anterior. This report indicates that the patient is not capable of caring for her self and continues to require in-home assistance, awaiting spinal surgical consultation with spine surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

RESIDENT REHABILITATION POST LUMBAR SPINE 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) Recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. For prospective management of cases, median is a better choice than mean (or average) because it represents the mid-point, at which half of the cases are less, and half are more. For retrospective benchmarking of a series of cases, mean may be a better choice because of the effect of outliers on t

Decision rationale: This patient presents with chronic low back pain with failed back surgery syndrome. There is a request for "resident rehabilitation post surgery lumbar spine". The spine surgeon has proposed per 12/04/2013 report that the lumbar spinal fusion pedicle screw should be removed as it may be irritating the descending L5 nerve root causing the patient's significant leg pain. The patient is being scheduled for surgical removal of the hardware exploration and the request is for resident rehabilitation following lumbar surgery. Review of the reports show that this patient has a very low level of function. The patient is frequently falling. Examination of the lower extremity show, however, that patient does have 5/10 strength proximally but 4/10 strength distally. The patient has home care and according to the treating physician, the patient is not able to care for herself. The patient is anticipating hardware removal and the treater has asked for resident rehabilitation following surgery. There are no specific guidelines recommendations for in-patient or resident rehabilitation care following lumbar surgery. For fusion surgery, ODG Guidelines typically support 3 to 5 days in hospital and for diskectomy, 1 to 2 days of hospital stay are recommended. While it is understandable given the patient's functional level that the patient may benefit from resident rehabilitation care, but the patient currently has home aid, and the proposed surgery is for simple removal of the hardware and does not require prolonged recovery. Furthermore, the length of stay and the care to be provided is not discussed per this request. Recommendation is for denial.