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| Case Number: | CM14-0114532 | | |
| Date Assigned: | 08/04/2014 | Date of Injury: | 03/06/2014 |
| Decision Date: | 11/26/2014 | UR Denial Date: | 07/01/2014 |
| Priority: | Standard | Application Received: | 07/21/2014 |

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 is a 42 year old male with a 3/6/14 injury date. In a 7/17/14 follow-up, subjective complaints included low back pain that radiates to the left lower extremity that has worsened recently, 10/10 pain without medications, 7/10 pain with medications, inability to sit or stand for a significant amount of time, and stiffness. Objective findings included no left ankle reflex, decreased left S1 sensation, 4/5 strength left S1 nerve root, positive SLR on the left, antalgic gait, unable to toe-walk on the left, mild lumbar tenderness, and decreased lumbar range of motion. A 5/7/14 lumbar MRI showed a large central left L5-S1 herniated disc. A lumbar decompression was planned by the provider but was denied by a previous UR decision. Diagnostic impression: lumbar herniated disc. Treatment to date: physical therapy, medications, injections, activity modification. A UR decision on 7/1/14 denied the requests for polar care hot/cold unit, muscle stimulator, and pre-op clearance because the associated lumbar procedure was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Polar care unit-hot/cold: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC, Low Back, procedure summary last updated 03/21/2014

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 93-96.

Decision rationale: CA MTUS supports passive heat and cold therapy to reduce inflammation and increase blood supply. However, CA MTUS does not support the use of heat/cold therapy units with mechanically circulating pumps. In addition, there is no request for a surgical procedure associated with this medical review, and the Polar care unit is intended for post-op use after lumbar decompression. Therefore, the request for Polar care unit hot/cold is not medically necessary.

Muscle stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC, Low Back, procedure summary last updated 04/10/2014

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

Decision rationale: CA MTUS does not recommend neuromuscular electrical stimulation (NMES). NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain. The scientific evidence related to electromyography (EMG)-triggered electrical stimulation therapy continues to evolve, and this therapy appears to be useful in a supervised physical therapy setting to rehabilitate atrophied upper extremity muscles following stroke and as part of a comprehensive PT program. However, there is no request for a surgical procedure associated with this medical review, and the muscle stimulator is intended for post-op use after the proposed lumbar decompression. Therefore, the request for muscle stimulator is not medically necessary.

Pre-operative clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC, Low Back, procedure summary last updated 03/31/2014

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--Preoperative EKG and Lab Testing. Other Medical Treatment Guideline or Medical Evidence: ACC/AHA 2007 Guidelines on perioperative cardiovascular evaluation and care for noncardiac surgery.

Decision rationale: CA MTUS does not address this issue. ODG states that pre-op testing 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. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high-risk surgery and that undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. The ACC/AHA 2007 Guidelines on perioperative cardiovascular evaluation and care for non-cardiac surgery state that in the asymptomatic patient, a more extensive assessment of history and physical examination is warranted in those individuals 50 years of age or older. However, there is no request for a surgical procedure associated with this medical review, and the pre-op clearance is intended to occur prior to a proposed lumbar decompression surgery. It is not clear whether this procedure has been approved as part of a separate UR decision. Therefore, the request for pre-operative clearance is not medically necessary.