

Case Number:	CM14-0123302		
Date Assigned:	08/08/2014	Date of Injury:	04/01/2010
Decision Date:	09/11/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/04/2014

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 54-year-old male who sustained a vocational injury on 04/01/10. Previous Utilization Review determination has authorized an anterior L5-S1 lumbar interbody fusion with instrumentation and a posterior L5-S1 lumbar laminectomy/laminotomy. The current request is for a DME cold therapy unit with a wrap.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: cold therapy unit w/ wrap: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back chapter Cold/heat packs.

Decision rationale: California MTUS ACOEM guidelines and Official Disability Guidelines have been referenced from the low back chapter. Currently Official Disability Guidelines support cold and heat packs for local applications as medically reasonable. Currently there is no

literature supporting cold therapy unit with wrap as medically necessary including in the postoperative setting and subsequently cannot be considered medically necessary.

Surgery: LOS 3-4 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary.

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 (LOS) Lumbar Fusion, posterior (icd 81.08 - Lumbar and lumbosacral fusion, posterior technique).

Decision rationale: In regards to the second request for a three to four day length of stay following the requested surgical intervention in the form of an anterior and posterior L5-S1 interbody fusion with laminectomy/laminotomy and instrumentation, California MTUS ACOEM guidelines are silent and Official Disability Guidelines have been referenced. Official Disability Guidelines support a three day length of stay following anterior and posterior lumbar fusion. Currently the request is for a three to four day length of stay and subsequently cannot be considered medically necessary as there is not clear documentation supporting why the four day length of stay is being requested which would exceed Official Disability Guidelines. It would be considered medically reasonable for a three day length of stay based upon best practice target guidelines and there are no documented comorbidities or anticipated complications provided which would preoperatively plan to extend the length of stay.

Assistant surgeon and a co-vascular surgeon to help with the anterior approach (Dr. [REDACTED]): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary.

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 Surgical assistant.

Decision rationale: In regards to the third request for an assistant surgeon and co-vascular surgeon to help with the anterior approach, California MTUS ACOEM guidelines are silent and subsequently Official Disability Guidelines have been referenced. Currently Official Disability Guidelines support assistant surgeon in the setting of an anterior and posterior lumbar fusion based on Official Disability Guidelines. It would also be considered medically reasonable and necessary to have a vascular surgeon present for the procedure via an anterior approach to the lumbar spine. Subsequently the request for an assistant surgeon and a vascular surgeon present for the already certified surgical intervention would be considered medically reasonable.

Pre-operative consultation with Dr. [REDACTED]: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) , Chapter 7, page 127.

Decision rationale: In regards to the fourth and final request for preoperative consultation with Dr. [REDACTED] who appears to be the co-vascular surgeon involved with the case, California MTUS ACOEM would support preop consultation with a vascular surgeon who will be highly involved with the surgical intervention in an attempt to preoperatively identify any potential complications or abnormal anatomy, which may be presented during his approach and part of the procedure. Subsequently based on the documentation presented for review and in accordance with California MTUS ACOEM guidelines, the request for the preop consultation with Dr. [REDACTED] can be considered medically reasonable.