

Case Number:	CM14-0172792		
Date Assigned:	10/23/2014	Date of Injury:	07/28/2007
Decision Date:	12/02/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/20/2014

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 50-year-old male with a 7/28/07 date of injury. The mechanism of injury occurred when he was knocked over by a moving truck and thrown onto concrete on his left side, hitting his head. According to a progress report dated 8/18/14, the patient complained of constant low back pain, rated 8-9/10, which alternately radiated to the bilateral lower extremities. Objective findings: paraspinal spasms with radiation to the bilateral lower extremities with associated numbness and tingling sensation as well as paresthesias, decreased light touch over the posterolateral calves. Diagnostic impression: L4-L5 disc herniation and stenosis with bilateral lower extremity radiculopathy. Treatment to date: medication management, activity modification, epidural steroid injections (ESIs), trigger point injections, physical therapy. A UR decision dated 9/18/14 modified the request for 24 post-operative physical therapy sessions to 8 visits. Postsurgical treatment for discectomy/laminectomy recommends 16 visits over 8 weeks. Per guidelines, an initial 50% of the guideline associated 16 visits are medically necessary. The requests for lumbar brace and transportation were denied. There is no scientific information on the benefit of bracing for improving fusion rates or clinical outcomes following instrumented lumbar fusion for degenerative disease. Regarding transportation, there is no documentation that he has no family/friend to drive him.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Post-op physical therapy x 24: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Postsurgical Treatment Guidelines - Discectomy/Laminectomy.

Decision rationale: If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. "Initial course of therapy" means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in subdivision (d)(1) of this section. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. However, this is a request for 24 sessions of post-operative physical therapy. Guidelines support up to 16 visits over 8 weeks for physical therapy status post discectomy/laminectomy surgery. The UR decision dated 9/18/14 modified this request to certify an initial trial of 8 visits. Authorization for additional physical therapy treatment would require documentation of functional improvement. Therefore, the request for associated surgical service: Post-op physical therapy x 24 was not medically necessary.

Associated surgical service: Post-op durable medical equipment (DME) purchase, lumbar brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Low Back, Back Brace

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, Chronic Pain Treatment Guidelines Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Chapter - Back Brace, Post-Operative (Fusion).

Decision rationale: According to ODG, use of a back brace post-operatively is under study, but given the lack of evidence supporting the use of these devices, a standard brace would be preferred over a custom post-op brace, if any, depending on the experience and expertise of the treating physician. There is conflicting evidence, so case by case recommendations are necessary (few studies though lack of harm and standard of care). There is no scientific information on the benefit of bracing for improving fusion rates or clinical outcomes following instrumented lumbar fusion for degenerative disease. However, in the present case, the use of a back brace post-operatively is still under study with a lack of evidence supporting its use. A specific rationale was not provided as to how a back brace would help this patient in this specific situation. Therefore, the request for associated surgical service: Post-op DME purchase, lumbar brace was not medically necessary.

Associated surgical service: Transportation: 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) Knee Chapter - Transportation

Decision rationale: CA MTUS does not address this issue. ODG states that transportation to and from medical appointments is recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. However, in the present case, there is no documentation that this patient does not have transportation assistance from family, friends, or a caregiver. Therefore, the request for associated surgical service: Transportation was not medically necessary.