

<b>Case Number:</b>	CM14-0186058		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	03/26/2012
<b>Decision Date:</b>	12/23/2014	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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 Physical 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:

The patient is a 61-year-old female with a date of injury of 03/26/2012. According to progress report 09/13/2014, the patient was admitted on an urgent basis with a chief complaint of low back and right leg pain. The patient has an acute exacerbation lumbar spine pain and could not ambulate. Patient ultimately underwent a bilateral L3-L4, L4-L5 posterolateral fusion with pedicle screw instrumentation and allograft and interbody fusion on 09/09/2014. The treater states that the patient's "postoperative course was remarkable for pain management issues and slow ambulation." Postoperative CT scan showed satisfactory hardware placement. The patient was discharged to an extended care facility on 09/13/2014. The listed diagnoses are: 1. L4-L5 spondylolisthesis. 2. L3-L4, L4-L5 degenerative disk disease and stenosis. This is request for pain management, physical therapy, and continued stay at skilled nursing facility. Utilization review denied the request on 10/09/2014. Treatment reports from 05/02/2014 through 10/14/2014 were provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain management:** Overturned

**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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127, Pain Management.

**Decision rationale:** This patient is status post bilateral L3-L4, L4-L5 posterolateral fusion on 09/09/2014. The current request is for pain management. Utilization review denied the request stating "no documentation of medical necessity has been provided to justify this request and no specific pain management interventions have been noted." It appears this is a request for referral to a pain management specialist. ACOEM Practice Guidelines, Second Edition (2004), page 127 has the following, "The occupational health practitioner may refer to other specialist if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Given patient's recent surgery, a referral to a pain management is medically necessary and recommendation is for approval.

**Physical therapy x 48 visits:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Postsurgical Physical Medicine, Low Back Page(s): 25,26.

**Decision rationale:** This patient is status post bilateral L3-L4, L4-L5 posterolateral fusion on 09/09/2014. The current request is for physical therapy x48 visits. The MTUS Guidelines postsurgical physical medicine page 25 and 26 recommends 34 visits over 6 weeks following a fusion surgery. Utilization review modified the certification from the requested 48 visits to 34 visits. In this case, the provider's request for 48 postoperative physical therapy treatments exceeds what is recommended by MTUS. Physical therapy x 48 visits is not medically necessary and appropriate.

**Occupational therapy x 48 visits:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Postsurgical Guidelines, Low Back Page(s): 25-26.

**Decision rationale:** This patient is status post bilateral L3-L4, L4-L5 posterolateral fusion on 09/09/2014. The current request is for occupational therapy x48 visits. Utilization review modified the certification to "total of 34 PT or OT visits." It is unclear why occupational therapy is being requested concurrently with physical therapy treatment. There are no fine motor deficits discussed. In any case, the MTUS postsurgical guidelines page 25 and 26 recommends 34 visits following a fusion surgery. The provider's request for 48 visits exceeds what is recommended by MTUS. Occupational therapy x 48 visits is not medically necessary and appropriate.

**Continued stay at skilled nursing facility:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Criteria for skilled Nursing Facility Care.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Skilled nursing facility ([http://www.aetna.com/cpb/medical/data/200\\_299/0201.html](http://www.aetna.com/cpb/medical/data/200_299/0201.html)) Clinical Policy Bulletin: Skilled Home Health Care Nursing Services Number: 0201.

**Decision rationale:** This patient is status post bilateral L3-L4, L4-L5 posterolateral fusion on 09/09/2014. The current request is for continued stay at the skilled nursing facility. Utilization review denied the request stating that "absent confirmation of medical necessity consistent with these guidelines, the request for continued confinement at a skilled nursing facility will be denied." The ACOEM, MTUS, and ODG Guidelines do not address skilled nursing facility. For Skilled Home Health Care Nursing Services Aetna states, nursing care must be provided on an intermittent or hourly basis, not custodial in nature etc. In this case, the treater does not specify duration of assistance the patient is requiring. Furthermore, the treater is requesting continuation of care at a nursing facility, but does not discuss why post-operative care could not be managed by the primary treatment provider (PTP) or operating physician. Continued stay at skilled nursing facility is not medically necessary and appropriate.