

Case Number:	CM14-0033983		
Date Assigned:	06/20/2014	Date of Injury:	03/03/2009
Decision Date:	07/18/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/18/2014

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 Family Medicine and is licensed to practice in Arizona. 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 53 year old female with a date of injury on 3/3/2009. Diagnoses include lumbosacral neuritis, spinal stenosis, and lumbosacral degenerative disc disease. The patient has had prior L3-4 and L5-S1 fusion. Subjective complaints are of continued back pain that radiated to her right ankle. Physical exam showed an antalgic gait, tenderness over spinal incision, and reduced lumbar range of motion and reduced sensation in the right leg. Medications include Lyrica, and Norco. The patient had a hardware block on 3/3/2014. The plan was to proceed with inpatient surgical exploration of fusion mass with hardware removal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative purchase of lumbar sacral orthosis (LS) brace: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) LOW BACK, LUMBAR SUPPORTS.

Decision rationale: ACOEM Guidelines indicate that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The ODG states that lumbar

supports can be considered for post-operative care. Since lumbar support is only indicated in the acute phase of injury or surgery, this patient qualifies due to the support being used for post-operative care. As such, the request is medically necessary and appropriate.

Rental of pneumatic intermittent compression device for unspecified amount of days:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) KNEE/LEG, DVT.

Decision rationale: The ODG recommends that after surgery, unless contraindicated, mechanical compression should be utilized for patients in the recovery room and during the hospital stay. For this patient, the request is for pneumatic intermittent compression device for an undetermined amount of time. Submitted documentation does not offer a rationale for the ongoing use of a compression device. Therefore, the request is not medically necessary and appropriate.

Pre operative clearance: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7) page 127, the Official Disability Guidelines (ODG), and the ACC/AHA 2007 Guidelines Perioperative Cardiovascular Evaluation.

Decision rationale: Guidelines recommend perioperative cardiovascular evaluation and care for non-cardiac surgery in patients that are over 50 years of age. This patient is 53 year old and guidelines would recommend history and physical and cardiac evaluation to determine risk status for surgery. ACOEM Guidelines indicate that consultation can be obtained to aid in diagnosis, prognosis, therapeutic management, and determination of medical stability. The ODG recommends office visits are determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. Therefore, the requested preoperative evaluation is medically necessary.