

<b>Case Number:</b>	CM14-0035185		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	02/05/1988
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2014

### 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:

74 year old male claimant with an industrial injury dated 02/05/88. MRI of 12/27/12 demonstrates the patient has multilevel lumbar spondylosis, a 4-5 posterior disc protrusion indenting the ventral thecal sac, and left neural foraminal narrowing. The findings of the digital imaging demonstrate that the patient has moderate to severe spinal stenosis and lateral recess stenosis, in addition to moderate to severe bilateral neural foraminal narrowing. Exam note 12/13/13 states the claimant returns with back and leg pain that is causing numbness and tingling down the legs. The patient has undergone an epidural injection but the provider feels that the injection would not aid the patient since there stenosis is so severe. Exam note 02/07/14 states the patient returns with back pain and left leg pain radiating down to the left foot. A physical exam demonstrates that there are 2+ lumbar paraspinal muscle spasms and tenderness along the muscles. The patient had a 4/5 weakness of the left tibialis anterior, left extensor hallucis longus and left quadriceps. The patient has decreases sensation, however reflexes are intact in the knees and ankles. CT myelogram of the lumbar spine provides evidence of severe stenosis at L3-4 and L4-5 with severe foraminal stenosis at L3-4, and L4-5 on the left and right. The test displays degenerative disc disease at L1-2, and L2-3, along with moderate facet hypertrophy at L5-S1 without stenosis. Treatment plan includes a laminectomy and decompression and fusion at L3-4 and L4-5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Posterior Lumbar Interbody L3-4 and L4-5 Fusion: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines -Treatment for worker compensation,Low back

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Fusion.

**Decision rationale:** The ACOEM Guidelines Chapter 12 Low Back Complaints page 307 state that lumbar fusion, "Except for cases of trauma-related spinal fracture or dislocation, fusion of the spine is not usually considered during the first three months of symptoms. Patients with increased spinal instability (not work-related) after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion. "According to the ODG, Low back, Fusion (spinal) should be considered for 6 months of symptom. Indications for fusion include neural arch defect, segmental instability with movement of more than 4.5 mm, revision surgery where functional gains are anticipated, infection, tumor, deformity and after a third disc herniation. In addition, ODG states, there is a lack of support for fusion for mechanical low back pain for subjects with failure to participate effectively in active rehab pre-op, total disability over 6 months, active psych diagnosis, and narcotic dependence. In this particular case there is severe spinal stenosis at L3/4 and L4/5 with anticipated wide decompression requiring fusion for iatrogenic instability. The claimant, per the review of the records, has failed nonsurgical management. Therefore the determination is certification for lumbar fusion.

**TENS (Transcutaneous electrical nerve stimulator) unit 30 days rental: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 113-114.

**Decision rationale:** According to the California MTUS Chronic Pain Medical Treatment Guideline regarding TENS, pages 113-114, chronic pain (transcutaneous electrical nerve stimulation), "Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. In this case there is no evidence of efficacy in the postoperative period following lumbar fusion. As the guidelines cite above are not satisfied, the determination is for non-certification.

**DVT (Deep Vein Thrombosis) care personal circulation assistant postoperative: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee & Leg.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Venous thrombosis.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of DVT care personal circulation assistant. According to the ODG, knee and leg section, venous thrombosis, "Recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy". In this case the exam notes from 2/7/14 do not justify objective evidence to support DVT care personal circulation device. There is no evidence increased risk of DVT in the records to warrant such a device. Therefore the determination is for non-certification.

**Postoperative home health nurse for daily dressing changes and wound check x 14 days:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

**Decision rationale:** According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 51, Home Health Services are recommended only for medical treatment in patients who are home-bound on a part-time or intermittent basis. Medical treatment does not include homemaker services like shopping, cleaning, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Home health skilled nursing is recommended for wound care or IV antibiotic administration." There is no evidence in the records why a prospective request would be required for dressing changes or wound checks in a wound presumed to be closed and not infected or worrisome for wound complications. Therefore determination is for non-certification.