

Case Number:	CM14-0053424		
Date Assigned:	07/07/2014	Date of Injury:	08/08/2001
Decision Date:	08/29/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/22/2014

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 58 year old male was reportedly injured on August 8, 2001. The mechanism of injury is undisclosed. The most recent progress note, dated May 15, 2014 indicates that there are ongoing complaints of low back pain. Right lower extremity pain is stated to be significantly improved. The physical examination demonstrated normal strength and sensation of the lower extremities. The incision from recent lumbar spine surgery is reported to be healing well. There was noted to be two areas of a scab with the distal and having approximately a two millimeter opening underneath. This was cleansed with Betadine and a dressing was applied. Diagnostic imaging studies of the lumbar spine noted that the vertebral bodies were well aligned. Postoperative physical therapy was recommended. Previous treatment includes lumbar spine surgery including laminotomy, foraminotomy, and subcutaneous fat grafting. A request was made for a consultation and treatment for hyperbaric oxygen therapy and was not certified in the pre authorization process on April 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One consultation for hyperbaric oxygen therapy: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic, Hyperbaric Oxygen Therapy, Updated July 3, 2014.

Decision rationale: According to the Official Disability Guidelines the use of hyperbaric oxygen therapy is only recommended as an option for diabetic skin ulcers. Additionally the most recent progress note dated May 15, 2014, indicates that the injured employees incision from lumbar spine surgery is healing well. For these reasons this request for a consultation for hyperbaric oxygen therapy is not medically necessary.

One hyperbaric oxygen therapy: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic, Hyperbaric Oxygen Therapy, Updated July 3, 2014.

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