

Case Number:	CM14-0054037		
Date Assigned:	07/07/2014	Date of Injury:	08/17/2007
Decision Date:	08/12/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/23/2014

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, has a subspecialty in Fellowship trained in Spine Surgery and is licensed to practice in Texas, Montana and Tennessee. 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 injured worker is a 58-year-old male who reported an injury on 08/17/2007. The mechanism of injury was not stated. The current diagnoses include lumbar spinal stenosis and recurrent stenosis at L4-5 and L5-S1. The injured worker was evaluated on 04/28/2014 with complaints of ongoing lower back pain and radiation into the bilateral lower extremities. Physical examination on that date revealed an intact lumbar incision from prior surgery, muscle spasm, limited range of motion, and diminished strength in the bilateral lower extremities. The injured worker also demonstrated diminished sensation to light touch and pinprick in the bilateral lower extremities with absent Achilles reflexes. Treatment recommendations at that time included a revision decompression and fusion at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-Op Medical Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Procedures Summary (Last update 03/18/2014).

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 Chapter, Preoperative Testing, General.

Decision rationale: The Official Disability Guidelines state the decision to order preoperative testing should be guided by the patient's clinical history, comorbidities, and physical examination findings. There is no documentation of a significant medical history or any comorbidities that would warrant the need for preoperative medical clearance. Therefore, the request is not medically necessary.

3 in 1 Commode: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross of California Medical Policy DME, Medical Policy and Clinical UM Guidelines. Medicare & Medicaid Services (CMS).

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 Chapter, Durable Medical Equipment.

Decision rationale: The Official Disability Guidelines state durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. Certain DME toilet items such as commodes are medically necessary if the patient is bed or room confined. As per the documentation submitted, there is no indication that this injured worker will be bed or room confined following surgery. The medical necessity has not been established. Therefore, the request is not medically necessary.

Standard Lumbar Brace: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Procedures Summary last updated (02/13/2014), Back Brace, Lumbar Support.

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 Chapter, Back brace, post operative (fusion).

Decision rationale: The Official Disability Guidelines state a postoperative back brace is currently under study, and given the lack of evidence supporting the use of these devices, a standard brace would be preferred over a custom postoperative brace. As per the documentation submitted for this review, the injured worker has been issued authorization to undergo a revision laminectomy at L4 through S1 with instrumentation surgery at L5-S1. Therefore, the medical necessity for a standard lumbar brace has been established in this case. As such, the request is medically necessary.

Home Care (2 hours per day, 6 days a week, for 2 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services.

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

Decision rationale: The California MTUS Guidelines state home health services are recommended only for otherwise recommended medical treatment for patients who are homebound on a part-time or intermittent basis. As per the documentation submitted, there is no indication that this injured worker will be homebound following surgery. The specific type of services required was not listed. The California MTUS Guidelines further state medical treatment does not include homemaker services and personal care. Based on the clinical information received, the request is not medically necessary.

Transportation to and from ADLs and Treatments: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Procedure Summary last updated (01/20/2014), Transportation.

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 Chapter, Transportation (to and from appointments).

Decision rationale: The Official Disability Guidelines state transportation is recommended for medically necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. As per the documentation submitted, there is no mention of a contraindication to public transportation, nor evidence that this injured worker does maintain assistance from outside resources. Therefore, medical necessity for this request has not been established.