

Case Number:	CM14-0068239		
Date Assigned:	07/14/2014	Date of Injury:	06/26/2013
Decision Date:	09/12/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/13/2014

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:

Patient is a 48 year old female with a date of injury on 6/26/2013. Diagnoses include status post microdiscectomy on 4/9/14, postop wound dehiscence, and severe degenerative disc disease. Subjective complaints are of continued low back pain that radiates to the legs. Physical exam shows a forward flexed and antalgic gait with use of a cane, a healing surgical wound, decreased strength in the right anterior tibialis and extensor hallucis longus muscles, positive straight leg raise, and diminished right leg sensation. Records indicate patient was having significant pain postoperatively, and was to be referred to pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thermacure 2 with compression pad, rental 30 days: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 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, Heat Therapy.

Decision rationale: The ODG recommends heat therapy as an option. A number of studies show continuous low-level heat wrap therapy to be effective for treating low back pain. Combining continuous low-level heat wrap therapy with exercise during the treatment of acute low back

pain significantly improves functional outcomes. This patient has low back pain for which addition of heat therapy to her physical therapy would be beneficial. Therefore, the request for a Thermacure rental is medically necessary.

Raised toilet seat: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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, DME.

Decision rationale: The ODG states that devices such as raised toilet seats may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitation. This patient has recently undergone lumbar surgery and has significant pain and decreased mobility. Therefore, the request for a raised toilet seat is medically necessary.

Front wheel walker: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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, Walking Aids.

Decision rationale: The ODG states that disability, pain, and age-related impairments determine the need for a walking aid. Submitted records indicate that this patient is having significant postoperative pain and objective exam shows a forward flexed/antalgic gait, and lower extremity muscle weakness. For this patient, use of a walker would help with mobility and stability in the postoperative period. Therefore, the medical necessity of a walker is established.