

Case Number:	CM14-0069796		
Date Assigned:	07/14/2014	Date of Injury:	06/30/2009
Decision Date:	08/21/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/15/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 47 year old male whose date of injury is 11/02/05. The injured worker jumped 5 feet high landing on his feet and noted low back pain. The injured worker has been treated for chronic low back pain with extensive conservative treatment. The injured worker is status post L4-5 microdiscectomy on 02/22/06. The injured worker has been recommended for 3 level lumbar fusion with postoperative treatment. Diagnoses are multilevel lumbar stenosis, lumbar discogenic disease, status post previous laminectomy/discectomy. The injured worker underwent anterior lumbar discectomy and fusion L3-L5 on 04/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy, frequency and duration unknown: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60`.

Decision rationale: Based on the clinical information provided, the request for occupational therapy, frequency and duration unknown is not recommended as medically necessary. The injured worker underwent surgical intervention to the lumbar spine in April; however, there is no comprehensive assessment of postoperative treatment completed to date or the patient's response thereto submitted for review. There is no current, detailed physical examination submitted for

review and no specific, time-limited treatment goals are provided. Therefore, the request is not in accordance with CAMTUS guidelines, and medical necessity is not established.

Physical Therapy, frequency and duration unknown: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

Decision rationale: Based on the clinical information provided, the request for physical therapy, frequency and duration unknown is not recommended as medically necessary. The injured worker underwent surgical intervention to the lumbar spine in April; however, there is no comprehensive assessment of postoperative treatment completed to date or the patient's response thereto submitted for review. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided. Therefore, the request is not in accordance with CA MTUS guidelines, and medical necessity is not established.

Wound care: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

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, Wound closure.

Decision rationale: Based on the clinical information provided, the request for wound care is not recommended as medically necessary. The request is nonspecific and does not indicate frequency and duration of requested treatment, nor does it indicate what type of wound care is being requested. Therefore, the request is not in accordance with current evidence based guidelines, and medical necessity is not established.

Home health care 4 hours a day, 5 days a week for 2 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

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

Decision rationale: Based on the clinical information provided, the request for home health care 4 hours a day, 5 days a week for 2 weeks is not recommended as medically necessary. The submitted records fail to establish that the injured worker is homebound on a part time or intermittent basis as required by CA MTUS guidelines. Additionally, the medical treatment to be provided is not documented.