

Case Number:	CM14-0071023		
Date Assigned:	07/14/2014	Date of Injury:	01/08/2012
Decision Date:	08/21/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/16/2014

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 spine surgeon, 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 44-year-old female who reported an injury on 01/08/2012. The mechanism of injury involved a fall. Current diagnoses include L5-S1 disc herniation, lower extremity radiculopathy, L5-S1 intervertebral disc disease and low back pain. The injured worker was evaluated on 01/08/2014 with complaints of severe lower back pain rated 8/10 with numbness in the lower extremities. Physical examination revealed mild spasm, 5/5 motor strength, a diminished Achilles reflex on the right, positive straight leg raising on the right and a slightly positive straight leg raise on the left. Treatment recommendations at that time included an L5-S1 decompression.

IMR ISSUES, DECISIONS AND RATIONALES

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

2-day inpatient hospital stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back (Updated 03/31/14): Hospital length of stay (LOS).

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, Hospital Length of Stay (LOS).

Decision rationale: The injured worker has been issued authorization for a lumbar posterior decompression at L5-S1. The Official Disability Guidelines state the median length of stay following a discectomy includes 1 day. Therefore, the current request for a 2 day inpatient hospital stay exceeds Guideline recommendations. Therefore, the request is non-certified.

Cooling unit x 30-day rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back (updated 03/31/14): Cold/heat packs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Continuous Flow Cryotherapy.

Decision rationale: The Official Disability Guidelines state continuous flow cryotherapy for the spine is not recommended. It is recommended as an option after shoulder surgery for up to 7 days including home use. There is no mention of a contraindication to at-home local applications of cold packs as opposed to a motorized unit. As the Guidelines do not recommend a cooling unit for the spine, the current request is not medically appropriate. As such, the request is non-certified.

TENS/IF unit with garment x 30-day rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back (updated 03/31/14): TENS (transcutaneous electrical nerve stimulation), Interferential therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

Decision rationale: The California MTUS Guidelines state TENS therapy for a postoperative pain is recommended as a treatment option for acute postoperative pain in the first 30 days post surgery. Form-fitting TENS devices are only considered medically necessary when there is documentation of a large area that requires stimulation that a conventional system cannot accommodate, when there is documentation of a medical condition that prevents the use of a traditional system or when there is evidence that the TENS unit is to be used under a cast. While the current request for a 30 day rental does fall within Guideline recommendations, the request for a form-fitting TENS device cannot be determined as medically appropriate. There is no indication that this injured worker cannot utilize a traditional system. As such, the request is non-certified.

Transportation to all medical office visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg (updated 03/31/14).

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: 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, the patient has been issued authorization for a lumbar decompression surgery. However, there is no indication that this injured worker will be unable to provide self-transportation following surgery. There is no mention of a contraindication to public transportation. Based on the clinical information received, the request is non-certified.