

Case Number:	CM14-0100074		
Date Assigned:	07/28/2014	Date of Injury:	04/23/2002
Decision Date:	01/28/2015	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/27/2014

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 Rehab, has a subspecialty in Interventional spine and is licensed to practice in California. 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 patient is a 51 year old female with an injury date of 04/23/02. Based on the progress report dated 04/21/14, the patient complains of weakness, numbness and pain in the left leg along with a drop foot on the same side. The patient underwent L3-S1 spinal fusion in 2003 which worsened her pain. The patient also underwent gastric bypass in 2006 to lose almost 134 lbs but that did not improve her condition. Physical examination reveals continued tenderness in the lumbar spine with muscle spasm in her left leg and occasionally in the right leg. In progress report dated 04/15/14, the patient reports low back pain that travels to the upper back, bilateral legs, and plantar portion of the right foot. The pain is rated at 9/10 without medications and 6/10 with medications. The patient also experiences tingling and numbness in upper back, bilateral arms and hands, lower back, and mid-calf. She suffers from sleep disturbances as well. Physical examination reveals that the patient has left foot drop and is unable to heel and toe walk. There is diffused tenderness in the lumbar spine along with restricted range of motion and decreased sensation. Medications, as per progress report dated 04/15/14, include Cymbalta, Norco, Valium, Lunesta, Lyrica and Mscontin. The patient is currently off work, as per progress report dated 04/21/14. Diagnoses, 04/15/14:- Bilateral leg pain- Postlaminectomy syndrome of lumbar region- Lumbar radiculopathy- Myalgia- Left foot drop - residual from lumbar surgery. The treater is requesting for (a) post operative land physical therapy 2 x 8 for the lumbar spine (b) post operative aquatic physical therapy 2 x 8 following land physical therapy for the lumbar spine (c) 3 day inpatient stay for pedicle screws and rods removal of the lumbar spine. The utilization review determination being challenged is dated 06/02/14. Treatment reports were provided from 10/04/12 - 06/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative land physical therapy 2 x 8 for the lumbar spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines post-surgical guidelines, low Back Page(s): 25-26.

Decision rationale: The patient presents with weakness, numbness and pain in the left leg along with a drop foot on the same side, as per progress report dated 04/21/14. The request is for post operative land physical therapy 2 x 8 for the lumbar spine. The patient is also status post L3-S1 spinal fusion in 2003 and gastric bypass in 2006 to lose almost 134 lbs., as per the same progress report. MTUS Guidelines, pages 24-25, recommend postsurgical treatment of 34 visits over 16 weeks. The postsurgical physical medicine treatment period is 6 months. In this case, the patient's suffers from low back pain and her symptoms persisted in spite of undergoing L3-S1 fusion in 2003. In fact, her leg pain worsened after surgery, as per progress report dated 04/21/14. In Request For Authorization letter, the treater states that "It is probable that the retained pedicle screws and rods are responsible for some of her ongoing pain." The treater is, therefore, planning for a removal of pedicle screws and rods and is requesting for 16 sessions of post-operative physical therapy. This request falls within the range allowed by MTUS. Hence, this prospective request is medically necessary.

Post operative aquatic physical therapy 2 x 8 following land physical therapy for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines aquatic therapy Page(s): 22.

Decision rationale: The patient presents with weakness, numbness and pain in the left leg along with a drop foot on the same side, as per progress report dated 04/21/14. the request is for post operative aquatic physical therapy 2 x 8 following land physical therapy for the lumbar spine. The patient is also status post L3-S1 spinal fusion in 2003 and gastric bypass in 2006 to lose almost 134 lbs., as per the same progress report. MTUS page 22 has the following regarding aquatic therapy: "Recommended, as an alternative to land-based physical therapy. Specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The guidelines "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." In this case, the patient's low back pain persisted in spite of undergoing L3-S1 fusion in 2003and her leg pain worsened after the surgery. In Request For Authorization letter, the treater states that "It is probable that the retained pedicle screws and rods are responsible for some of her ongoing pain." The treater is, therefore, planning for a removal of pedicle screws and rods. The treater is requesting for 16 sessions of post-operative physical therapy. In progress report dated 04/21/14, the treater states that the patient

has undergone gastric bypass to lose almost 134 lbs. However, the patient has not been diagnosed with obesity. None of the progress reports discuss her current weight and BMI. Additionally, the treater is also requesting for land physical therapy indicating that the patient has no issues with traditional weight bearing exercises. The reports do not establish the need for aquatic therapy. This request is not medically necessary.

3 day inpatient stay for pedicle screws and rods removal of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers compensation, Integrated Treatment/Disability Duration Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Hospital Length of Stay (LOS)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation No clear guidelines for the length of hospital stay. Web shows Univ. Mich Health System

Decision rationale: The patient presents with weakness, numbness and pain in the left leg along with a drop foot on the same side, as per progress report dated 04/21/14. The request is for 3 day inpatient stay for pedicle screws and rods removal of the lumbar spine. The patient is also status post L3-S1 spinal fusion in 2003 and gastric bypass in 2006 to lose almost 134 lbs, as per the same progress report. There is no clear guidelines for the length of hospital stay following hardware removal. One study, Spine J 2004, suggest no more than 1 day of hospital stay if surgery is performed via minimally invasive method as described with surgical time less than 1 hour. Search of the Web shows Univ. Mich Health System stating 1-3 days for most patients stay in the hospital and another report by Pain Medicine, March 2006 issue reports the mean length of hospital stay to be 2.5 days. In this case, the patient's symptoms persisted in spite of undergoing L3-S1 fusion in 2003 and her leg pain worsened after the surgery. In Request For Authorization letter, the treater states that "It is probable that the retained pedicle screws and rods are responsible for some of her ongoing pain." The treater is, therefore, planning for a removal of pedicle screws and rods. The treater is requesting for a three day stay. The UR determination has modified the request to 1 day stay. The treater does not discuss the need for the stay. The ODG guidelines do not discuss hospital stay specifically with respect to pedicle screw and rod removal. Considering that the requested procedure is a rather simple procedure, unlike fusion surgery where 3 days of hospitalization is supported, the UR modification to 1 day hospital would seem reasonable and consistent with current discussions available. The request for 3 days hospital stay is not medically necessary.