

Case Number:	CM14-0187026		
Date Assigned:	11/17/2014	Date of Injury:	12/11/2012
Decision Date:	02/04/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/10/2014

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 Spine Surgery 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 injured worker is a 52-year-old female who reported an injury on 12/11/2012. The mechanism of injury was the injured worker made up a bed and her foot became caught in a blanket and she fell forward onto all 4 extremities in the kneeling position. The surgical history was not provided. The prior therapies included acupuncture, medications, physical therapy and epidural steroid injections. The injured worker underwent an MRI of the lumbar spine without contrast on 09/06/2014 which revealed at the level of L5-S1 there was a hypertrophic change in the left facet joint. The disc space was desiccated. There was a 3 mm left lateral protrusion and spondylosis with modic 2 signal alternation and minimal left L5 foraminal stenosis. There was no central or S1 lateral recess stenosis or interval change. The documentation of 09/24/2014 revealed the injured worker had lingering pain in the low back that was worsening. Most of the pain was in the left leg. The injured worker indicated she had moderate numbness in the hips and thighs. The physical examination revealed tenderness in the bilateral paraspinals. The lateral bend was 10 to 20 degrees. The extension was 10 to 20 degrees. The motor strength was 4/5 in the left EHL and 4+/5 in the TA. Sensation to light touch was decreased in the left lateral thigh. Reflexes were 1+ on the left. The treatment plan included a left microdiscectomy at L5-S1. The injured worker underwent electrodiagnostic studies of the lower extremities and the study was noted to be negative. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Motorized cold therapy unit rental for 2 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC Low Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Cold/heat packs

Decision rationale: The American College of Occupational and Environmental Medicine guidelines indicate that at-home local applications of cold in first few days of acute complaint are appropriate and thereafter, applications of heat or cold are appropriate. While the guidelines do not address motorized cold therapy. This treatment is supported by the Official Disability Guidelines as well. The guidelines do not support the use of cryotherapy for the back. There is a lack of documentation of exceptional factors, and, as such, the request for associated surgical service: Motorized cold therapy unit rental for 2 weeks is not medically necessary.

Associated surgical service: Home nurse-dressing changes x 4: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend home health services for patients who are homebound and need medical care on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. While the need for home dressing changes may be appropriate, there was a lack of documentation indicating the patient would be home bound to support the necessity. Given the above, the request for associated surgical service: Home nurse-dressing changes x 4 is not medically necessary.

Associated surgical service: 2-3 days inpatient stay: 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) - TWC

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

Decision rationale: The Official Disability guidelines support a hospital length of stay for a laminectomy for 1 day and a discectomy to be performed on an outpatient basis. The request would be supported for one day. However, the request submitted was for 2-3 days and would exceed guideline recommendations. There was a lack of documentation of exceptional factors to

support the necessity for this length of stay. Given the above, the request for Associated surgical service: 2-3 days inpatient stay is not medically necessary.