

Case Number:	CM14-0207899		
Date Assigned:	12/19/2014	Date of Injury:	03/02/2011
Decision Date:	02/24/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/11/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New Jersey

Certification(s)/Specialty: Orthopedic Surgery

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 38-year-old male who reported an injury on 03/02/2011. The mechanism of injury was unspecified. His diagnoses include disc degeneration of the lumbar spine, facet arthropathy, L4 radiculopathy and herniated disc at the L4-5 with instability. Past treatments include surgery, physical therapy, injections. A lumbar MRI was performed on 10/06/2014, which revealed disc desiccation, anterolateral osteophytes at the L4-5 and L5-6. There was also narrowing of the left L4 neural foramen with mild narrowing of the right L4 neural foramen. In addition, there was mild narrowing of the L5 neural foramina bilaterally. There was also indication of right L4 nerve root extending caudally within the spinal canal. His surgical history was not provided. On 10/09/2014, the injured worker complained of pain along L4 anterior thigh with decreased sensation. The physical examination revealed pain with extension and rotation, weakness of the quadriceps on the left and decreased sensation and an absent L4 reflex bilaterally. The injured worker was also indicated to have an anterior thigh and anterior shin sensation decrease in the L4 nerve root distribution and had a mild sciatic notch pain. The injured worker was indicated to have failed all conservative treatment to include activity modification, medications, injections and narcotics. Recommendation was submitted for a decompression at the L3-4 level with a discectomy. His relevant medications were not provided. The treatment plan included 1-3 day Inpatient stay, Pre-op Clearance, Post-operative hospital visits, LSO back brace, Commode, Walker, DVT machine rental with cuffs, RN evaluation for wound check, Post-op in-home Physical Therapy 2 x4, Home Health Aide service

2-3 hours/day, 2-3 weeks for 4 weeks (x 8-12) visits. A rationale was not provided for review. A Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical services: 1-3 day 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)

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, Hospital length of stay (LOS).

Decision rationale: The request for 1-3 day Inpatient stay is not medically necessary. Patients who undergo discectomies are indicated for inpatient hospital stay of 1 day with a mean of 2.1 days, as the procedure to be outpatient. The injured worker was indicated to be undergoing a discectomy. However, the request did not specify the number of days requested. Based on the guidelines recommending a 1 day stay, and the request needing clarification in regards to the number of days for the hospital stay, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Associated surgical services: Pre-op Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The request for pre-op clearance is not medically necessary. According to the Official Disability Guidelines, preoperative testing is usually performed prior to surgical procedures to help identify and stratify risk for tracking anesthetic choices and guide postoperative management. Furthermore, the guidelines indicate that preoperative tests should be guided by the patient's clinical history, comorbidities and physical examination findings. The injured worker was indicated to be scheduled for a lumbar discectomy. However, there is lack of documentation to indicate any underlying chronic disease or immediate risk factors indicating a medical necessity for preoperative testing to include chest radiography, electrocardiography, lab testing and urinalysis. In the absence of the required documentation, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Associated surgical service: Post-operative hospital visits: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Office visits.

Decision rationale: The request for post-operative hospital visits is medically necessary. According to the Official Disability Guidelines, office visits with a health care provider are individualized based upon a review of the patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The injured worker was indicated to be scheduled for a lumbar discectomy. Based on the surgical procedure, a postoperative hospital visit would indicate medical necessity. Based on the above, the request is supported by the evidence based guidelines. As such, the request is medically necessary.

Associated surgical services: LSO back brace: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar supports.

Decision rationale: The request for an LSO back brace is not medically necessary. According to the California MTUS/ACOEM Guidelines, lumbar supports are not recommended for acute lumbar spine disorders or for acute low back pain. The California MTUS Guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. More specifically, the Official Disability Guidelines indicate that lumbar supports are not recommended for prevention and are further indicated to be under study for postoperative use. Based on the guidelines not recommending the use of lumbar supports, preoperatively and postoperatively, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Associated surgical services: Commode: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Durable medical equipment (DME).

Decision rationale: The request for a commode is not medically necessary. According to the Official Disability Guidelines, durable medical equipment, to include most bathroom and toilet supplies, do not customarily serve a medical purpose and are primarily use for convenience in the home. However, it may be medically necessary if the patient is bed or room confined or prescribed as part of medical treatment plan for injury, infection or conditions that result in

physical limitations. The injured worker was indicated to be undergoing a lumbar discectomy. However, there is lack of documentation to indicate the injured worker would be bed or room confined or would have medical necessity for the treatment plan for an injury, infection or condition that resulted in physical limitation. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Associated surgical services: Walker: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 (canes, crutches, braces, orthoses, & walkers).

Decision rationale: The request for a walker is not medically necessary. According to the Official Disability Guidelines, walking aids are recommended for patients with disability, pain, age related impairments that determine the need for walking aid. The injured worker was indicated to be undergoing a lumbar discectomy. However, there is lack of documentation to indicate medical necessity, such as disability, pain and age related impairments. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Associated surgical services: DVT machine rental with cuffs: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Compression garments.

Decision rationale: The request for DVT machine rental with cuffs is not medically necessary. According to the Official Disability Guidelines, compression garments are effective in the management of telangiectasis after sclerotherapy, varicose veins and varicocele, the prevention of edema and deep vein thrombosis. The injured worker was indicated to be undergoing a lumbar discectomy. However, there was lack of documentation to indicate the medical necessity for compression garments to include management of telangiectasis after sclerotherapy, the prevention of edema and deep vein thrombosis. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Associated surgical services: RN evaluation for wound check: 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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The request for RN evaluation for wound check is not medically necessary. According to the California MTUS Guidelines, home health services are only recommended for medical treatment of patients who are home bound either part time or intermittent. The injured worker was indicated to be undergoing a lumbar discectomy. However, there was lack of documentation to indicate the patient would be home bound, whether on a part time or intermittent basis. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Associated surgical services: Post-op in-home Physical Therapy 2 x4: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: The request for post-op in-home physical therapy 2 x4 would be medically necessary. According to the California MTUS Post-Surgical Guidelines, patients who undergo lumbar discectomies are allotted 16 visits of postsurgical physical medicine over 8 weeks with a maximum duration of 6 months. In addition, the guidelines indicate that an initial course of therapy means one half of the number of visits specified in the general course of therapy. Additional documentation in regards to objective functional improvement would be required prior to additional sessions. The injured worker was indicated to be undergoing a lumbar discectomy. Therefore, the request would be supported by the evidence based guidelines. As such, the request is medically necessary.

Associated surgical services: Home Health Aide service 2-3 hours/day, 2-3 weeks for 4 weeks (x 8-12) visits: 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)

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

Decision rationale: The request for home health aide service 2-3 hours/day, 2-3 weeks for 4 weeks (x 8-12) visits is not medically necessary. According to the California MTUS Guidelines, home health services are only recommended for medical treatment of patients who are home bound either part time or intermittent. The injured worker was indicated to be undergoing a lumbar discectomy. However, there was lack of documentation to indicate the patient would be home bound, whether on a part time or intermittent basis. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.