MAXIMUS Federal Services

Case Number:	CM15-0000824		
Date Assigned:	01/12/2015	Date of Injury:	02/07/2013
Decision Date:	03/18/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/05/2015

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: California
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 52 year old female, who sustained an industrial injury on 2/7/2013. The current diagnoses are L4-L5 and L5-S1 spondylosis with right lower extremity radiculopathy. The MRI shows protrusion and stenosis at L4-5 and L5-S1 bilaterally, worse on the right at L5-S1 and on the left at L4-L5. Currently, the injured worker complains of frequent-to-constant low back pain with radiation to the right lower extremity. There is associated cramping, numbness, and tingling of the right fourth and fifth toes. The pain is rated 4/10 on a subjective pain scale. Current medications are Tramadol, Soma, as well as topical applied solution. Treatment to date has included medications and two epidural steroid injections. The first injection was 70% effective for two months and the second one was 50% effective for one month. Progress report from 11/21/14 demonstrates complaints of low back pain radiating to the right lower extremity with numbness and tingling into the 4th and 5th toes. Gait is noted to be antalgic. The treating physician is requesting post-operative physical therapy 24 visits, bone growth stimulator for the lumbar spine, and transportation to and from the city, which is now under review. On 12/10/2014, Utilization Review had non-certified a request for post-operative physical therapy 24 visits, bone growth stimulator for the lumbar spine, and transportation to and from the city. The physical therapy was modified to 8 sessions. The bone growth stimulator was non-certified based on no need for a bone growth stimulator, as the injured worker is not undergoing a lumbar fusion. The transportation was non-certified based on no documentation provided why the claimant could not use private transportation. The California MTUS, ACOEM, and Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative physical therapy 24 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25-26.

Decision rationale: CA MTUS/Post surgical guidelines, Low Back section, page 25-26 recommend 34 visits over 16 weeks for lumbar fusion. Guidelines initially recommend the recommended visits. As the request exceeds the 17 visits, the determination is for non-certification.

Bone growth stimulator for 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back, Bone growth stimulator

Decision rationale: CA MTUS/ACOEM is silent on the issue of bone growth stimulator for the lumbar spine. According to the ODG, Low Back, bone growth stimulator would be considered for patients as an adjunct to spine fusion if they are at high risk. In this case, there is a lack of high risk factors demonstrated in the exam note from 11/21/14. Therefore determination is for non-certification.

Transportation to and from the city: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg chapter

Decision rationale: CA MTUS/ACOEM is silent on the issue of transportation. According to the ODG, Knee and Leg Chapter, Transportation is recommended for patients with disabilities preventing them from self transport. In this case the exam note from11/21/14 does not demonstrate evidence of functional impairment precluding self transportation. Therefore the determination is for non-certification.