

<b>Case Number:</b>	CM15-0100771		
<b>Date Assigned:</b>	06/16/2015	<b>Date of Injury:</b>	08/18/2010
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: New York

Certification(s)/Specialty: Neurological 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 51 year old female, who sustained an industrial injury involving continuous trauma to his low back reading and changing gas meters from 07/2010-08/18/2010. The mechanism of injury is unknown. The injured worker was diagnosed as having right knee surgery in 2002 with a persistent meniscus injury. Lumbar MRI scan of 3/16/15 shows a left foraminal disc protrusion of 5mm abutting the exiting left L5 nerve root. The patient continued to have severe back and radiating leg pain. Treatment to date has included surgery, steroid injections, physical therapy, and medication management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TLSO brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Lumbar supports.

**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-Lumbar supports Back brace, post operative.

**Decision rationale:** The ODG guidelines note that lumbar supports are under study for post-operative use. While braces have been used in those patients undergoing lumbar fusion, the guidelines point out that routine use of back braces may be harmful. The requested treatment: Associated surgical services: TLSO brace is not medically necessary and appropriate.

**Associated surgical services: Ice unit:** 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), 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) Low Back Chapter-Cold/heat packs.

**Decision rationale:** The ODG guidelines note that cold pack use for the first few days is recommended as an option but that evidence of efficacy for cold therapy is minimal. They note that the evidence of application of cold treatment is more limited than heat therapy. The request for treatment does not contain time constraints. Therefore, the requested ice unit is not medically necessary and appropriate.

**Associated surgical services: 3/1 commode:** 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) Knee replacement chapter-Durable medical equipment.

**Decision rationale:** The ODG guidelines do recommend commodes when they are prescribed as part of the medical treatment plan. Since the lumbar surgery would be expected to have some physical limitation in getting up and down off the toilet, then this request would be medically appropriate. Therefore, the requested 3/1 commode is medically necessary and appropriate.

**Associated surgical services: Home Help (duration/frequency determined postoperatively):** Upheld

**Claims Administrator 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), Home health service; Aetna Clinical Policy Bulletin Home Health Aides May 17, 2005.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee replacement chapter-Home Health services.

**Decision rationale:** The ODG guidelines recommend home health services for those patients who need medical treatment. These patients have to fit the criteria of being homebound on a part-time or intermittent basis. Documentation does not provide whether this characterizes this patient. The requested treatment: Associated surgical services: Home Help (duration/frequency determined postoperatively) is not medically necessary and appropriate.

**Associated surgical services: Hospital stay x2 days: Overturned**

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

**Decision rationale:** The ODG guidelines indicate best practice targets of outpatient status for a discectomy. The target for laminectomy is one day. The guidelines quote the actual data for discectomy is a mean of 2.1 days and for laminectomy 3.5 days. Therefore, the request for hospital stay x2 days is medically necessary and appropriate.

**Associated surgical services: Psychological clearance x1: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter; ACOEM Guidelines, 2nd edition, page 127, Consultation.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-7.

**Decision rationale:** The California MTUS guidelines do recommend a psychological assessment for patients who are being considered for lumbar surgery. The documentation contains contradictions which support the wisdom of psychological assessment. Therefore, the request for psychological clearance x1 is medically necessary.

**Post-operative follow-up for 2-3 days: Overturned**

**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): 303.

**Decision rationale:** California MTUS guidelines recommend follow-up visits to counsel the patient and assess his recovery. When the patient is released to full duty then the return interval would be expected to lengthen to seven to fourteen days. The request for day is post-operative follow-up for 2-3 days is medically necessary and appropriate.

**Associated surgical services: Orthopedic re-evaluation within 6 weeks:** 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): 303 and 306.

**Decision rationale:** The California MTUS guidelines note that in good surgery centers complications from first time disk surgery is less than 1%. Orthopedic re-evaluation would then not be expected unless complications arose. That being the case the guidelines also note that there is no evidence that delaying surgery worsens outcomes in the absence of progressive nerve root compromise. Therefore, the request for orthopedic re-evaluation within 6 weeks is not medically necessary and appropriate.

**Zofran 8mg #10:** 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) Medications-antiemetics.

**Decision rationale:** The ODG guidelines do recommend Ondansetron (Zofran) for treatment of nausea and vomiting secondary to chemotherapy and radiation treatment. The guidelines do not recommend Ondansetron for treatment of nausea and vomiting secondary to opioid treatment. The requested Zofran 8mg #10 is not medically necessary and appropriate.

**Post-operative medication: Duracef 500mg (twice a day x 7 days):** 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) Medications-cellulitis treatment.

**Decision rationale:** Duracef or Cepradroxil is an antibiotic which might be used to treat serious bacterial skin infection. The ODG guidelines would then recommend its use if the infection were identified. Documentation does not furnish any information about the presence of such an infection. Therefore, this request for Duracef 500mg (twice a day x 7 days) is not medically necessary and appropriate.