

Case Number:	CM15-0190570		
Date Assigned:	10/05/2015	Date of Injury:	03/26/2015
Decision Date:	12/03/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/28/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 47 year old female, who sustained an industrial injury on 3-26-2015. The injured worker was being treated for chronic low back pain, right lumbosacral radiculopathy with denervation, and L5-S1 (lumbar 5-sacral 1) disc collapse, retrolisthesis, instability, and stenosis. On 9-9-2015, the injured worker reported continued low back and right leg pain. The physical exam (9-9-2015) revealed a significant right leg antalgic gait and numbness of the right lateral calf, medial calf, and dorsum of the right foot. There was decreased sensation in the posterior right calf, a positive right straight leg raise at 45 degrees, and strength of 4 out of 5 of the extensor hallucis longus and gastrocnemius. There was forward flexion to the tibial tubercle, 50% of normal extension, and pain with lumbar extension and rotation. On 4-9-15, an MRI of the lumbar spine revealed a transitional vertebra with a rudimentary S1-2 (sacral 1-2) disc. The L5-S1 is being called the first mobile segment. At L5-S1, there was disc collapse and retrolisthesis, modic endplate changes, and right paracentral disc herniation. There was Displacement of the right S1 nerve root, right foraminal narrowing, and moderate left foraminal narrowing. Per the treating physician (7-1-2015 report), electromyography and nerve conduction velocity studies of the bilateral lower extremities from 4-28-2015 revealed mild acute right L5-S1 radiculopathy. On 9-15-2015, the injured worker underwent bilateral pedicle screw placement at L5 and S1, right L5 and S1 decompression with decompression of the L5 and S1 nerve roots, transforaminal lumbar interbody fusion at L5 and S1, placement of intervertebral biomechanical device at L5 and S1, and posterolateral fusion at bilateral L5 and S1. Treatment has included chiropractic therapy, physical therapy, epidural steroid injections, heat, and medications

including pain, muscle relaxant, and non-steroidal anti-inflammatory. Per the treating physician (9-9-2015 report), the injured worker was off duty as she was temporarily totally disabled. The requested treatments included Thermacare rental with set up, Thermacare pad, commode, and front wheel walker. On 9-18-2015, the original utilization review non-certified requests for Thermacare with set up for 30 days, Thermacare pad, commode, and front wheel walker.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thermacare rental for 30 days with set up: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Low Back Procedure Summary Online Version last updated 07/17/2015.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Cold/Heat Packs, Continuous Cryotherapy.

Decision rationale: Regarding the request for a Thermacare unit, ACOEM Practice Guidelines state that various modalities such as heating have insufficient testing to determine their effectiveness, but they may have some value in the short term if used in conjunction with the program of functional restoration. ODG states that heat/cold packs are recommended as an option for acute pain. Within the documentation available for review, there is documentation of acute post-operative pain following a lumbar surgery on 9/15/15. However, it is unclear why a simpler technology such as a heating pad was not utilized, and there are no controlled trials documenting the superiority of Thermacare over simpler heating technologies. Given this, the current request is not medically necessary.

Thermacare pad purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary Online Version last updated 07/17/2015.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Cold/Heat Packs.

Decision rationale: Regarding the request for a Thermacare unit, ACOEM Practice Guidelines state that various modalities such as heating have insufficient testing to determine their effectiveness, but they may have some value in the short term if used in conjunction with the program of functional restoration. ODG states that heat/cold packs are recommended as an option for acute pain. Within the documentation available for review, there is documentation of acute post-operative pain following a lumbar surgery on 9/15/15. However, it is unclear why a

simpler technology such as a heating pad was not utilized, and there are no controlled trials documenting the superiority of Thermacare over simpler heating technologies. Given this, the current request is not medically necessary.

Commode purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Procedure Summary Online Version.

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 Chapter, Durable medical equipment (DME).

Decision rationale: Regarding the request for a commode (purchase), California MTUS does not address the issue. ODG states certain DME toilet items (commodes, bed pans, etc.) are medically necessary if the patient is bed- or room-confined, and devices such as raised toilet seats, commode chairs, sitz baths and portable whirlpools may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. Within the documentation available for review, the worker has undergone lumbar spine surgery and there is documentation of "stiff" and antalgic gait in a follow up visit on 9/28/15. The patient does not have an extenuating reason to be confined to the bedroom, and should be able to ambulate with assistance or assistive devices. Therefore, an additional commode is not medically necessary based upon the submitted records.

Front wheel walker purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Procedure Summary Online Version last updated 06/05/2014.

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 Chapter, Hip Chapter, Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: Regarding the request for the purchase of a front wheel walker, the CA MTUS does not directly address this. The Official Disability Guidelines do address this issue in the Hip Chapter and Knee & Leg Chapter, but not in the Low Back Chapter. Nonetheless, the same principles apply which state that assistive devices are recommended to assist with ambulation for patients with arthritis or gait disability. Within the documentation available for review, the worker has undergone lumbar spine surgery and there is documentation of "stiff" and antalgic gait in a follow up visit on 9/28/15. The patient may have a need for an assistive device given this exam, but the type of device should depend on a careful assessment by a physiotherapist in post-operative physical therapy. The patient could do well with a cane or crutch as well, and a formal evaluation is in order prior to a purchase. A rental in some cases may be more appropriate if the disability is expected to be temporary and limited to the post-op recovery period. Given the lack of formal evaluation, this request is not medically necessary.

