

Case Number:	CM15-0191526		
Date Assigned:	10/05/2015	Date of Injury:	05/26/2011
Decision Date:	11/23/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/29/2015

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, Montana, California
 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 58 year old male, who sustained an industrial injury on 5-26-11. Current diagnoses or physician impression includes bilateral hips degenerative joint disease, L4-S1 stenosis, L3-S1 disc degeneration and facet arthropathy, lumbar radiculopathy. A note dated 8-24-15 reveals the injured worker presented with complaints of constant low back that radiates down his bilateral hips and lower extremities to his calves. He reports his pain is reduced from 9 out of 10 to 6.5 out of 10 with medication. A physical examination dated 8-24-15 revealed an altered gait, tenderness to palpation in the lower lumbar spine and across his buttocks. There is decreased sensory over the right "L4 dermatome distribution" and decreased lumbar range of motion. Straight leg raise is positive on the left. Treatment to date has included acupuncture, activity modifications, physical therapy and epidural steroid injections without improvement, per note dated 8-24-15. He had an MRI in 2014. The requests for authorization dated 8-24-15 for post-operative physical therapy for the lumbar spine 24 sessions is modified to 8 sessions, pre-operative chest x-ray, post-operative pneumatic intermittent compression for 30 days and follow up office visit for education and consent evaluation are denied, per Utilization Review letter dated 8-9-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Preoperative Chest X-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Preoperative testing, general.

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-preoperative testing, general.

Decision rationale: The ODG guidelines state: Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. Documentation does not disclose a pulmonary history that would indicate pulmonary risks. The requested treatment: Preoperative Chest X-ray is not medically necessary and appropriate.

Post operative physical therapy, lumbar spine, 24 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

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

Decision rationale: The ODG guidelines indicate that 16 visits over 8 weeks with an allowance for fading frequency is advised following a discectomy/laminectomy. The requested treatment: Post operative physical therapy, lumbar spine, 24 sessions exceeds these recommendations. The requested treatment: Post operative physical therapy, lumbar spine, 24 sessions is not medically necessary and appropriate.

Post operative pneumatic intermittent compression, 30 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: Knee & Leg - venous thrombosis.

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 venous thromboembolism.

Decision rationale: The ODG guidelines indicate venous thrombosis is a very real postoperative risk. Both mechanical compression and anticoagulation treatment are recommended in the early postoperative phase. The guidelines do not prohibit continuing mechanical compression at home. The requested treatment: Post operative pneumatic intermittent compression, 30 days is medically necessary and appropriate.

Associated Surgical Services: Follow up office visit for education and consent evaluation:
Overturned

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

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

Decision rationale: The ODG guidelines do recommend measures that will restore function. The note that functional improvement measures should be used over the course of treatment. Thus follow-up office visits and consent evaluation should be encouraged. The requested treatment: Associated Surgical Services: Follow up office visit for education and consent evaluation is medically necessary and appropriate.