

Case Number:	CM15-0198727		
Date Assigned:	10/14/2015	Date of Injury:	01/31/2013
Decision Date:	11/23/2015	UR Denial Date:	09/27/2015
Priority:	Standard	Application Received:	10/09/2015

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: Illinois, California, Texas
 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:

This injured worker is a 67-year-old female who sustained an industrial injury on 1/31/13. Injury occurred when she tripped over a metal plate on the floor. Conservative treatment included physical therapy, ergonomic evaluation, activity modification, epidural steroid injections, and medications. Past medical history was positive for a stroke and hypothyroidism. The 8/24/15 lumbar spine MRI impression documented possible impingement of the bilateral transiting L3 nerve roots in addition to the left exiting L2 nerve root bilaterally and Grade-1 anterolisthesis of L4 on L5. The 9/2/15 treating physician report indicated that the injured worker was barely able to function with low back pain radiating into her buttocks and legs. Pain was worse with standing or walking. Physical exam documented positive right straight leg raise, diminished L5 dermatomal sensation, diminished right lower extremity deep tendon reflexes, and severe limitation in lumbar extension. She stood in a flexed posture, leaning to the left. Imaging showed an anterolisthesis at L3/4 and L4/5 with severe facet arthropathy, severe disc disease at L2/3, moderate foraminal stenosis at L2/3 and L3/4, severe foraminal stenosis at L4/5, and moderate lateral recess stenosis at L4/5. She had failed conservative treatment. The treatment plan included laminectomy with posterior spine fusion and instrumentation from L2 to L5 with a transforaminal lumbar interbody fusion at L4/5. Authorization was requested for associated surgical services to include a bone growth stimulator purchase and post-op home care RN evaluation and home health care. The 9/27/15 utilization review non-certified the request for a bone growth stimulator as purchase versus rental was a claims issue and not a medical issue. The request for post-op home care RN evaluation and home health care was modified to a post-op home care RN evaluation only as there was no documentation as to the medical necessity for home health care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative Bone stimulator, purchase: Overturned

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 - Bone growth stimulators (BGS).

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 - Lumbar & Thoracic Bone growth stimulators (BGS).

Decision rationale: The California MTUS guidelines are silent regarding bone growth stimulators. The Official Disability Guidelines indicate that bone growth stimulators are under study and may be considered medically necessary as an adjunct to lumbar spinal fusion surgery for patients with any of the following risk factors for failed fusion: 1) One or more previous failed spinal fusion(s); (2) Grade III or worse spondylolisthesis; (3) Fusion to be performed at more than one level; (4) Current smoking habit; (5) Diabetes, Renal disease, Alcoholism; or (6) Significant osteoporosis which has been demonstrated on radiographs. Guideline criteria have been met. This injured worker is undergoing a multilevel lumbar fusion which is a guideline-supported risk factor for failed fusion. Therefore, this request is medically necessary.

Post operative home health care: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back, Lumbar & Thoracic (Acute & Chronic) - Home health services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

Decision rationale: The California MTUS recommends home health services only for otherwise recommended treatment for patients who are homebound, on a part time or intermittent basis, generally no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Guideline criteria have not been met. This injured worker is undergoing a multilevel lumbar fusion. The 9/27/15 utilization review certified a post-op home health assessment by an RN. The medical necessity of additional home care services is not established at this time. Additionally, there is no specific frequency/duration or type of home care services documented to assist in establishing the medical necessity of this request. Therefore, this request is not medically necessary.