

Case Number:	CM15-0199862		
Date Assigned:	10/15/2015	Date of Injury:	04/09/1999
Decision Date:	12/29/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/12/2015

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: Minnesota, Florida
 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 68-year-old male, who sustained an industrial injury on 4-9-1999. The medical records indicate that the injured worker is undergoing treatment for status post lumbar spine surgery with residuals (2001), L3-L4 herniated nucleus pulposus with stenosis and right neuroforaminal narrowing, and right lower extremity radiculopathy. According to the progress report dated 9-1-2015, the injured worker presented with complaints of continuous pain in the low back with radiation into his right lower extremity. On a subjective pain scale, he rates his pain 8-10 out of 10. The physical examination of the lumbar spine reveals moderate tenderness to palpation over the paravertebral musculature, decreased range of motion, positive straight leg raise test on the right, and diminished sensation in the right L4 dermatome. The current medications are Methadone, Hydrocodone, Tizanidine, Lyrica, Lexapro, and Temazepam. Previous diagnostic studies include x-rays and MRI of the lumbar spine. Treatments to date include medication management, physical therapy (aggravated his pain), multiple epidural steroid injections (no relief), and surgical intervention. Work status is described as currently not working. The treatment plan included right-sided L3-L4 interlaminar laminotomy, decompression and microdiscectomy surgery and associates services. The original utilization review (9-16-2015) partially approved a request for 16 post-operative physical therapy sessions (original request was for #24). The request for lumbar brace, front wheeled walker, and transportation was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative physical therapy (24-sessions): Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Low Back.

Decision rationale: The California MTUS postsurgical treatment guidelines recommend 16 visits over 8 weeks for lumbar laminectomy/discectomy. The initial course of therapy is one-half of these visits, which is 8. Then with documentation of continuing functional improvement a subsequent course of therapy of the remaining 8 visits may be prescribed. The request as stated is for 24 visits which exceeds the guideline recommendations and as such, the medical necessity of the request has not been substantiated.

Associated Surgical Services: Off the shelf lumbar brace: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

Decision rationale: With regard to the request for a lumbar brace, California MTUS guidelines indicate that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. As such, a request for a lumbar brace is not supported and the medical necessity of the request has not been substantiated.

Associated Surgical Services: Front wheeled walker: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Walking aids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter: Walking aids.

Decision rationale: With regard to the request for a front-wheeled walker, the guidelines support walking aids when medical necessity is established. In this case, the documentation does not indicate any difficulty walking or motor weakness of the lower extremities. As such, the medical necessity of the requested front-wheeled walker is not established.

Associated Surgical Services: Transportation: 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) Knee Chapter: Transportation to and from appointments.

Decision rationale: With regard to the request for transportation, ODG guidelines recommend medically necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. The patients should be over the age of 55 and need a nursing home level of care. In this case, the documentation does not indicate that the patient is in need of a nursing home level of care. As such, the request for transportation to and from the hospital is not supported and the medical necessity of the request has not been substantiated.