

Case Number:	CM15-0200692		
Date Assigned:	10/15/2015	Date of Injury:	02/11/1990
Decision Date:	12/08/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/13/2015

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: 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 65 year old male, who sustained an industrial injury on 2-11-90. Medical records indicate that the injured worker is undergoing treatment for lumbar spine degenerative disc disease, chronic lumbosacral strain, chronic pain syndrome, lumbar four-five herniated nucleus pulposus with severe spinal stenosis, mild spinal stenosis at lumbar two and lumbar three, moderately severe osteoarthritis of the right hip, bilateral lumbar five radiculopathy and post-laminectomy syndrome of the lumbar spine. The injured worker was noted to be retired. On (9-8-15) the injured worker complained of back and bilateral lower extremity symptoms. Examination of the lumbar spine revealed tenderness to palpation in the midline from lumbar three to the sacrum and over the bilateral buttocks. Range of motion was 25 percent in all planes. Sensation was diminished throughout the right lower extremity. A straight leg raise test was positive bilaterally. Treatment and evaluation to date has included medications, MRI of the lumbar spine (6-5-15), electromyography, urine drug screen, Cortisone injections to the hip and a lumbar fusion in 1997. Medications and treatments tried and failed include physical therapy, acupuncture treatments, non-steroidal anti-inflammatory drugs, acupuncture treatments, a transcutaneous electrical nerve stimulation unit and epidural steroid injections. Current medications include Lunesta, Mobic, Omeprazole, Lidoderm patches and transdermal compound creams. The treating physician's plan of care included a decompressive lumbar laminectomy at level four and associated surgical services. The current treatment requests include the associated surgical services: an electrocardiogram, elevated toilet seat, lumbar corset, and post-operative aquatic therapy sessions for the lumbar spine # 12. The Utilization Review documentation dated

9-18-15 non-certified the requests for the associated surgical services: an electrocardiogram, elevated toilet seat, lumbar corset and post-operative aquatic therapy sessions for the lumbar spine # 12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative 12 Aquatic Therapy Sessions for the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy, and Postsurgical Treatment 2009, Section(s): Low Back.

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

Decision rationale: Per the CA MTUS/Post Surgical Treatment Guidelines, pages 25-26 recommend the following: Intervertebral disc disorders without myelopathy (ICD9 722.1; 722.2; 722.5; 722.6; 722.8): Postsurgical treatment (discectomy/laminectomy): 16 visits over 8 weeks; Postsurgical physical medicine treatment period: 6 months. Guidelines recommend 1/2 of the maximum visits be authorized. In this case the request exceeds the recommended 1/2 initially recommended. Therefore the request is not medically necessary.

Associated surgical service: Electrocardiogram: 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) Low back, Preoperative testing.

Decision rationale: CA MTUS/ACOEM is silent on the issue of preoperative clearance and testing. ODG, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. ODG states, "These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high risk surgery and those undergoing intermediate risk surgeries who have additional risk factors. Patients undergoing low risk surgery do not require electrocardiography. Based on the information provided for review, there is no indication of any of these clinical scenarios present in this case. In this case the patient is a 65 year old who would warrant a preoperative EKG prior to the proposed surgical procedure. Therefore the request is medically necessary.

Associated surgical service: Lumbar corset: 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) Low back, Back brace Postoperative.

Decision rationale: According to ODG, Back Brace, Postoperative (fusion) is, under study, but given the lack of evidence supporting the use of these devices, a standard brace would be preferred over a custom post-op brace, if any, depending on the experience and expertise of the treating physician. There is conflicting evidence, so case by case recommendations are necessary (few studies though lack of harm and standard of care). There is no scientific information on the benefit of bracing for improving fusion rates or clinical outcomes following instrumented lumbar fusion for degenerative disease. Although there is a lack of data on outcomes, there may be a tradition in spine surgery of using a brace post-fusion, but this tradition may be based on logic that antedated internal fixation, which now makes the use of a brace questionable. For long bone fractures prolonged immobilization may result in debilitation and stiffness; if the same principles apply to uncomplicated spinal fusion with instrumentation, it may be that the immobilization is actually harmful. Mobilization after instrumented fusion is logically better for health of adjacent segments, and routine use of back braces is harmful to this principle. There may be special circumstances (multilevel cervical fusion, thoracolumbar unstable fusion, non-instrumented fusion, mid-lumbar fractures, etc.) in which some external immobilization might be desirable. There is lack of evidence to support bracing following a lumbar microdiscectomy and therefore the request is not medically necessary.

Associated surgical service: Elevated toilet seat: 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 and Leg, DME toilet items.

Decision rationale: CA MTUS/ACOEM is silent on the issue of commode. Per the ODG Knee and Leg, DME toilet items (commodes, bed pans, etc.) are medically necessary if the patient is bed- or room-confined, and devices such as a 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. In this case the exam note from 9/8/15 does not demonstrate any functional limitations to warrant a commode postoperatively. Therefore the request is not medically necessary.