

Case Number:	CM15-0043175		
Date Assigned:	03/13/2015	Date of Injury:	10/20/2011
Decision Date:	07/01/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/08/2015

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: Internal Medicine

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 (IW) is a 45 year old male who sustained an industrial injury on 10/20/2011. He reported a longstanding history of back pain along with pain going into his legs right greater than left. The injured worker was diagnosed as having discogenic pain, lumbar radiculopathy, degenerative disk disease, and retrolisthesis of L5. Treatment to date has included a Microdiscectomy. Currently, the injured worker complains of continued back pain with radicular symptoms. He presents on 12/15/2014 for an anterior interbody spinal fusion. His discharge orders read "Home O2 at 3-4 liters per nasal cannula for room air sat of 90% hypoxia. Include tank with portability. Night-time oxygen only. Oximetry in two weeks. A request for authorization is made for Retro portable oxygen for rent, Retro oxygen tanks for rent and Retro concentrator for rent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro portable oxygen for rent: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Thoracic Society (ATS) Home Oxygen Therapy.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address long-term oxygen therapy. The American Thoracic Society (ATS) clinical practice guidelines on home oxygen therapy indicates that long-term oxygen therapy is not generally indicated for arterial oxygen saturation 90. The surgeon's report dated 12/9/14 documented a preoperative examination of the patient. No history of cardiovascular, respiratory, or pulmonary conditions were documented. The operative report dated 12/15/3014 documented anterior spinal fusion L5-S1. The hospital progress note dated 12/18/14 documented a post-operative day #3 examination which demonstrated stable vital signs with pulse oximetry 94%. No respiratory complaints or diagnoses were documented. Physical examination demonstrated clear chest examination. The patient was discharged to home. Oxygen at night to keep oxygen saturation above 90% was ordered. No ABG arterial blood gases laboratory tests were documented. Home oxygen therapy was requested, without limitations or parameters on duration of use. The American Thoracic Society (ATS) guidelines indicates that long-term oxygen therapy is not generally indicated for arterial oxygen saturation 90. The American Thoracic Society (ATS) guidelines indicates that when initiating long-term oxygen therapy LTOT it is advisable to measure an ABG after breathing room air for 30 minutes. An ABG is required to determine the presence of hypercapnia or respiratory acidosis. Pulse oximetry (SpO2) is not considered adequate for initiating LTOT long-term oxygen therapy. No arterial blood gases ABG laboratory tests were documented in the submitted medical records. No medical records post hospital discharge 12/18/14 were in the submitted medical records. No respiratory diagnoses were documented in the submitted medical records. The request for home oxygen therapy did not specify limitations or parameters on duration of use. The indefinite use of home oxygen therapy, without documented respiratory diagnoses, abnormal ABG results, or post-discharge progress reports, is not supported by ATS guidelines. Therefore, the request for long-term home oxygen therapy is medically necessary. Therefore, the request for portable oxygen is not medically necessary.

Retro oxygen tanks for rent: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Thoracic Society (ATS) Home Oxygen Therapy.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address long-term oxygen therapy. The American Thoracic Society (ATS) clinical practice guidelines on home oxygen therapy indicates that long-term oxygen therapy is not generally indicated for arterial oxygen saturation 90. The surgeon's report dated 12/9/14 documented a preoperative examination of the patient. No history of cardiovascular, respiratory, or pulmonary conditions were documented. The operative report dated 12/15/3014 documented anterior spinal fusion L5-S1. The hospital progress note dated 12/18/14 documented a post-operative day #3 examination which demonstrated stable vital signs with pulse oximetry 94%. No respiratory complaints or diagnoses were documented. Physical examination demonstrated clear chest examination. The patient was discharged to home. Oxygen at night to keep oxygen saturation above 90% was ordered. No ABG arterial blood gases laboratory tests were documented. Home oxygen therapy was requested, without limitations or parameters on duration of use. The American Thoracic Society (ATS) guidelines indicates that long-term oxygen therapy is not generally indicated for arterial oxygen saturation 90. The American Thoracic Society (ATS) guidelines indicates that when initiating long-term oxygen therapy LTOT it is advisable to measure an ABG after breathing room air for 30 minutes. An ABG is required to determine the presence of

hypercapnia or respiratory acidosis. Pulse oximetry (SpO₂) is not considered adequate for initiating LTOT long-term oxygen therapy. No arterial blood gases ABG laboratory tests were documented in the submitted medical records. No medical records post hospital discharge 12/18/14 were in the submitted medical records. No respiratory diagnoses were documented in the submitted medical records. The request for home oxygen therapy did not specify limitations or parameters on duration of use. The indefinite use of home oxygen therapy, without documented respiratory diagnoses, abnormal ABG results, or post-discharge progress reports, is not supported by ATS guidelines. Therefore, the request for long-term home oxygen therapy is medically necessary. Therefore, the request for oxygen tanks is not medically necessary.

Retro concentrator for rent: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Durable Medical Equipment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Thoracic Society (ATS) Home Oxygen Therapy.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address long-term oxygen therapy. The American Thoracic Society (ATS) clinical practice guidelines on home oxygen therapy indicates that long-term oxygen therapy is not generally indicated for arterial oxygen saturation 90. The surgeon's report dated 12/9/14 documented a preoperative examination of the patient. No history of cardiovascular, respiratory, or pulmonary conditions were documented. The operative report dated 12/15/3014 documented anterior spinal fusion L5-S1. The hospital progress note dated 12/18/14 documented a post-operative day #3 examination which demonstrated stable vital signs with pulse oximetry 94%. No respiratory complaints or diagnoses were documented. Physical examination demonstrated clear chest examination. The patient was discharged to home. Oxygen at night to keep oxygen saturation above 90% was ordered. No ABG arterial blood gases laboratory tests were documented. Home oxygen therapy was requested, without limitations or parameters on duration of use. The American Thoracic Society (ATS) guidelines indicates that long-term oxygen therapy is not generally indicated for arterial oxygen saturation 90. The American Thoracic Society (ATS) guidelines indicates that when initiating long-term oxygen therapy LTOT it is advisable to measure an ABG after breathing room air for 30 minutes. An ABG is required to determine the presence of hypercapnia or respiratory acidosis. Pulse oximetry (SpO₂) is not considered adequate for initiating LTOT long-term oxygen therapy. No arterial blood gases ABG laboratory tests were documented in the submitted medical records. No medical records post hospital discharge 12/18/14 were in the submitted medical records. No respiratory diagnoses were documented in the submitted medical records. The request for home oxygen therapy did not specify limitations or parameters on duration of use. The indefinite use of home oxygen therapy, without documented respiratory diagnoses, abnormal ABG results, or post-discharge progress reports, is not supported by ATS guidelines. Therefore, the request for long-term home oxygen therapy is medically necessary. Therefore, the request for concentrator is not medically necessary.