

Case Number:	CM15-0089137		
Date Assigned:	05/13/2015	Date of Injury:	08/15/2007
Decision Date:	06/18/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	05/08/2015

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: 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:

The injured worker is a 59-year-old male who sustained an industrial injury on 8/15/07. The mechanism of injury was not documented. He underwent anterior lumbar interbody fusion at L5/S1 with implantation of biomechanical spacer, anterior spinal instrumentation, staged lumbar revision laminectomy at L4/5-S1 with right-sided neurolysis at L5 and S1, implantation of pedicle screws at L5/S1 and posterolateral arthrodesis at L5/S1 on 5/6/14. The 2/19/15 lumbar CT scan revealed postsurgical changes at L5/S1 with better fusion than prior study, intact hardware, and grade 1 spondylolisthesis at L4/5. The 3/2/15 treating physician report cited persistent back pain radiating to the bilateral lower extremities that had been worsening for the past 4 months. Pain was rated grade 8/10 and radiated to the left lateral thigh, medial leg, and lateral calf. Physical exam documented limited lumbar range of motion with spasms, inability to extend past neutral, and positive bilateral straight leg raise, left greater than right. There was decreased lateral calf sensation bilaterally and 4-/5 extensor hallucis longus weakness on the left and 5-/5 on the right. Achilles reflexes were absent bilaterally. CT scan showed left pars defect with facet arthropathy on the left at the L4/5 motion segment causing significant symptoms. There was adequate L5/S1 decompression and solid fusion noted. Due to the pars defect and mild anterolisthesis, a simple revision decompression at L4/5 cannot be done without iatrogenic instability and fusion would be necessary. The provider requested transportation services to be provided to and from the surgery center, post-operative appointments to the office, and post-operative physical therapy since he will not be able to drive for a few weeks after the surgery and his family will not be able to assist after the surgery as they work full time. The 4/10/15

utilization review certified the request for revision L4/5 decompression and re-instrumentation surgery with hardware removal at L5/S1, assistant surgeon, pre-operative medical clearance and labs, post-op physical therapy 2 x 6, standard lumbar brace, and post-operative home health evaluation. The request for 3-in-1 commode was non-certified as there were no indications or safety precautions, which would require the use of a 3-in-1 commode. The request for a walker was non-certified as there was no documentation reflective of significant strength issues, gait abnormalities, or safety issues that would indicate the need for this type of assistive device. The request for transportation to and from surgery center, post-operative appointments, and post-operative physical therapy was non-certified as there was no indication of significant mobility issues that would preclude transportation by family and/or public conveyance or indications that he would be confined for a significant period of post-operative immobility to support this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: 3-in-1 commode: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Durable medical equipment (DME).

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, Durable medical equipment (DME).

Decision rationale: The California MTUS is silent regarding this durable medical equipment. The Official Disability Guidelines state that certain DME toilet items (commodes) are medically necessary if the patient is room-confined or when prescribed as part of a medical treatment plan for injury or conditions that result in physical limitations. The use of a 3-in-1 commode following revision multilevel lumbar fusion is reasonable for expected physical limitations and to allow for early functional independence. Therefore, this request is medically necessary.

Associated surgical service: Walker: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Walking aids (canes, crutches, braces, orthosis, and walkers).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: The California MTUS guidelines do not address the use of walkers, but recommend limited restriction of activity to avoid deconditioning. The Official Disability Guidelines state that disability, pain, and age-related impairments determine the need for a

walking aid. Assistive devices can reduce pain and allow for functional mobility. The use of a walker following revision lumbar fusion is reasonable to allow for early post-operative mobility with reduced pain. Therefore, this request is medically necessary.

Associated surgical service: Transportation to and from surgery center, post-operative appointments and post-op physical therapy sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), transportation (to and from appointments).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79-80. Decision based on Non-MTUS Citation California Department of Health Care Services Criteria Manual Chapter 12.1, CRITERIA FOR MEDICAL TRANSPORTATION AND RELATED SERVICES. II. Nonemergency Medical Transportation.

Decision rationale: The California MTUS state that non-medical issues should be managed by the provider. These issues can be handled in the same way as a regular medical specialist referral, using a network of resources when non-medical issues are involved. The California Department of Health Care Services provide specific criteria for nonemergency medical transportation. Non-emergency medical transportation is provided when necessary to obtain program covered medical services and when the beneficiary's medical and physical condition is such that transport by ordinary means of private or public conveyance is medically contraindicated, such as inability to ride upright in a private or public vehicle, inability to transfer into a public or private vehicle, or inability to reasonably ambulate to a vehicle or a bus stop or board a vehicle. Each transportation request must be accompanied by a prescription or order describing the medical reasons necessitating the use of non-emergency transportation. There is no documentation that the patient has a disability preventing self-transport, using public transportation, or securing a ride over the anticipated course of post-operative care. Therefore, this request is not medically necessary.