

Case Number:	CM14-0163473		
Date Assigned:	10/08/2014	Date of Injury:	06/06/2003
Decision Date:	11/07/2014	UR Denial Date:	09/06/2014
Priority:	Standard	Application Received:	10/04/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 48-year-old male who reported an injury on 06/06/2003 while he was lifting and unloading construction supplies such as boxes of nails and rebar, he sustained an acute lower back injury while moving the rebar. The surgeries included a discectomy with corpectomies and interbody fusion at the T7-8 dated 11/20/2009 and a re-exploration on 11/22/2009. The diagnoses included: a T6 paraplegia, iatrogenic; neurogenic bowel; neurogenic bladder, chronic pain at level of injury; back pain; and proctitis. The MRI dated 12/07/2009 revealed postoperative changes following the thoracic fusion. There was a right paraspinal fluid collection at the corpectomy site with possible communication with the intradural space. The physical examination dated 06/03/2014 revealed lungs clear to auscultation bilaterally, bowel sounds present, distended and paraplegic as previously mentioned. The medication included Prilosec, Cipro, hydrocodone, and baclofen. The treatment plan included a rewalk trial and topical antifungal cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown Re-Walk Trial: 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 <http://bionicsresearch.com/progression-is-made-with-rewalks-clinical-trials>

Decision rationale: The request for Unknown Re-Walk Trial is not medically necessary. The California MTUS/ACOEM Guidelines or Official Disability Guidelines do not address the re-walk trial. The www.bionicsresearch.com/progression indicates that clinical trials are a crucial component when trying to perfect an innovative and complex creation like Rewalk. This exoskeleton system has the ability to transform the lives of people who would otherwise be wheelchair bound the rest of their lives. An invention of that caliber needs to be tested and retested so that the necessary tweaks can be made before it's ready to be released to the public. Clinical trials are presently being held so that the safety and effectiveness of the suit can be analyzed. Patients who volunteer and are approved to participate in the clinical trials have to pass a physical exam to determine if they are a good candidate to test the equipment on. There are many aspects to the clinical trials that all come together to help them gather the necessary data such as: each patient completes about 24 sessions; during the sessions there is a lot of gait training involved; each session is a workout for about an hour; and each patient uses special crutches to work together with the unit. The research indicated that clinical trials are previously being held for the safety effectiveness of the suit and patients who volunteer must be approved to participate in the clinical trials and have a physical exam. Because the guidelines do not address the re-walk trial, As such, the request is not medically necessary.

Topical Anti-Fungal Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Corticosteroids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com

Decision rationale: The request for Topical Anti-Fungal Cream is not medically necessary. The Official Disability Guidelines do not address, therefore, refer to www.drugs.com indicated that a drug may be classified by the chemical type of the active ingredient or by the way it is used to treat a particular condition. Each drug can be classified into one or more drug classes. Topical antifungal agents are applied locally to the skin, on the nail, onto mucus membranes or vaginally, to treat fungal infections. They kill or inactivate fungi and yeast. Topical antifungal agents are available as creams, ointments, shampoos, powders and other forms, which can be applied locally on the area that needs to be treated. The Official Disability Guidelines do not address topical antifungals as such, the request is not medically necessary. The request did not indicate the frequency, the dosage or the duration of the medication or the exact name of the medication. As such, the request is not medically necessary.