

Case Number:	CM14-0167047		
Date Assigned:	10/14/2014	Date of Injury:	09/27/2012
Decision Date:	12/18/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/10/2014

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 Orthopedic Surgery, has a subspecialty in Orthopedic Spine Surgery and is licensed to practice in New York. 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:

This patient is a 46-year-old female with a date of injury of September 27, 2012. The patient has chronic low back pain. On physical examination the patient has spasms in the low lumbar spine. There is tenderness the sciatic notch. There is tenderness over facet joints. There is positive straight leg raise. There is weakness of the EHL. Is decreased sensation of L5 and S1 dermatomes. MRI of the lumbar spine shows disc degeneration L5-S1 with 5 mm nor foraminal narrowing and compression of the bilateral L5 and S1 nerve roots. X-ray reveals collapse at L5-S1 with foraminal stenosis. The patient has had physical therapy. The patient is 3 epidural steroid injections temporal relief. The patient has had conservative care with medications physical therapy injections for over a year. The patient has been indicated for spinal decompression and fusion surgery. At issue is whether additional modalities postoperatively are medically needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hospital Bed Rental X 30 Day;: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee & Leg

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ODG low back chapter

Decision rationale: The medical records do not document that this patient will be bedridden after spinal fusion surgery. Most patients are able to be ambulatory after spinal fusion surgery. There is no documentation that the patient requires prolonged bed rest. Criteria for Hospital bed rental not met. Medical necessity for Hospital bed rental not met. The request is not medically necessary and appropriate.

Home Health Eval;: 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 Other Medical Treatment Guideline or Medical Evidence: MTUS low back pain chapter, ODG low back pain chapter

Decision rationale: There is no documentation the medical records that this patient will be required to be homebound. There is no documentation that the patient will be unable to leave the house for formal physical therapy. The patient is having routine spinal fusion surgery. Necessity for home health evaluation not met. Criteria for home health evaluation not met. The request is not medically necessary and appropriate.

Compound Medications: Flurbiprofen 20% Cream 120gm, Ketoprofan 20% 12gm/Ketamine 10% Cream 120gm, Gabapentin 10%/Cyclobenzaprine 10%/Capealoin 0.0375% Cream 120gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: At this guidelines do not recommend compounded medicine for the treatment of chronic low back pain when one particular medicine in the compound is not FDA approved. In addition, guidelines do not recommend topical cream for the treatment of chronic low back pain. Medical literature does not support the use of compounded topical creams for chronic low back pain.

EMG/NCV of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: And his low back pain chapter

Decision rationale: This patient does not meet establish criteria for Electromyography's (EMG) of the lower extremities. Specifically the MRI shows compression of the bilateral L5 and S1 nerve roots. The physical examination is consistent with lumbar radiculopathy as depicted on imaging studies. Electrodiagnostic testing or provide no additional relevant clinical information. The medical necessity for electrodiagnostic studies not established. The request is not medically necessary and appropriate.

Remainging 28 Post Op Physical Therapy Sessions;: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines- Low Back Chapter.

Decision rationale: ODG guidelines indicate that the patient must demonstrate some functional improvement with an initial course of postoperative physical therapy up to 6 visits. If there is documented improvement, then up to 28 postoperative Physical Therapy (PT) visits should be approved. This patient was having spinal fusion surgery. There is no documentation of an initial 6 visit course of post-op physical therapy with functional improvement. All 28 visits are not medically indicated at this time as per guidelines. There is no documented improvement with an initial post-op PT course. The request is not medically necessary and appropriate.