MAXIMUS Federal Services

Case Number:	CM14-0212273		
Date Assigned:	01/02/2015	Date of Injury:	09/19/2013
Decision Date:	03/17/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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: Texas, Ohio, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 19, 2013.In a Utilization Review Report dated November 24, 2014, the claims administrator denied requests for a bone growth stimulator and pneumatic intermittent compression device while approving a request for a right L4-L5 and L5-S1 laminotomy-foraminotomy surgery, a lumbar support, medical preoperative clearance, an assistant surgeon, facility stay, and a chest x-ray. The claims administrator invoked non-MTUS ODG guidelines to deny the bone growth stimulator and pneumatic intermittent compression device. The claims administrator referenced an office visit of November 7, 2014 progress note in its determination. The applicant's attorney subsequently appealed.On December 10, 2014, the applicant underwent a preoperative clearance evaluation. The applicant was 42 years old. The applicant reported persistent complaints of low back pain radiating to the right leg. The applicant was reportedly using Flagyl, Cipro, and Asacol, it was stated. The applicant was status post a right inguinal hernia repair and had recent episode of colitis. The applicant was a former dietary aide, it was stated. The applicant exhibited a visible limp. The applicant reportedly had a normal echocardiogram and EKG, as well as a normal pulmonary function testing. The applicant was deemed medically stable to proceed with surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone growth stimulator: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back Chapter, Bone Growth Stimulators topic

Decision rationale: No, the request for a bone growth stimulator was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. ODG's Low Back Chapter Bone Growth Stimulator topic, however, takes the position that bone growth stimulators may be considered medically necessary as an adjunct to spinal fusion surgery for applicants who have any of the following risk factors for a failed fusion: One of more previously failed fusions, grade 3 spondylolisthesis, fusions to be performed in more than one level, current smoking habit, diabetes, renal disease, alcoholism, and/or significant osteoporosis. Here, however, the preoperative evaluation of December 10, 2014 did not contain any references to the applicant's having issues with osteoporosis, diabetes, alcoholism, tobacco use, etc. It appeared, moreover, that the applicant was set to undergo multilevel laminotomy-foraminotomy surgery as opposed to a fusion procedure. No clear or compelling rationale for provision of the bone growth stimulator was furnished, based on the documentation on file. Therefore, the request was not medically necessary.

Pneumatic intermitten compression device: 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 Thromboprophylaxis and Elective Spinal Surgery and Spinal Cord Injury, Audibert et al

Decision rationale: The request for a pneumatic compression device was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. The review article entitled Thromboprophylaxis in Elective Spinal Surgery and Spinal Cord Injury notes that no prophylaxis is recommended after a discectomy or limited laminectomy surgery in applicants without other risk factors. Here, the applicant did not have other risk factors. The applicant did not have a history of blood dyscrasias, previous DVT, cancer, a family history of DVT, etc. No compelling case was made for provision of the pneumatic compression DVT prophylaxis device. Therefore, the request was not medically necessary.

18 Post-op physical therapy, 3x6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The 18 sessions of postoperative physical therapy proposed, in and of itself, represents treatment in excess of the 16-session course of postoperative therapy recommended in the MTUS Postsurgical Treatment Guidelines following planned discectomy-laminectomy surgery. The attending provider did not furnish a compelling rationale for treatment in excess of the MTUS parameters. The request in question, furthermore, represents an initial course of postoperative physical therapy, following planned, previously approved L4-L5 and L5-S1 laminotomy-foraminotomy surgery. MTUS further stipulates that an initial course of therapy represents one half of the number of visits specified in the general course of the therapy for the specific surgery. One half of 16 visits, thus, represent eight visits. The request for 18 initial sessions of postoperative physical therapy, thus, does represent treatment well in excess of MTUS parameters. Therefore, the request was not medically necessary.