

Case Number:	CM14-0214415		
Date Assigned:	01/07/2015	Date of Injury:	02/08/2007
Decision Date:	03/06/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/22/2014

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: California

Certification(s)/Specialty: Orthopedic Surgery, Sports 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 is a 30-year-old male who reported an injury on 02/08/2007. Prior surgical interventions included a lumbar decompression and fusion at L5-S1. The diagnostic studies included a 5 view x-ray of the lumbar spine on 07/31/2014, which revealed unchanged stable posterior pedicular fusion and interbody spacer at L5-S1 and minimal disc space narrowing at L4-5. There was a Request for Authorization submitted for review dated 12/05/2014. The documentation of 12/05/2014 revealed the injured worker had pain that was worse. The injured worker was noted to have a selective nerve root block on 11/08/2014, which did not help. The injured worker was noted to have low back pain and left lower extremity symptoms of pain, weakness, and tingling. The pain was better with medications. However, it continued to be severe. The mechanism of injury was not provided. Objective findings revealed normal reflex, sensory, and power testing to the bilateral upper and lower extremities, except there was weakness at L4-5 and numbness on the left at L5 and S1. The straight leg raise and bowstring were positive bilaterally. The injured worker was unable to toe walk or heel walk bilaterally. The injured worker had decreased range of motion. The femoral stretch test was negative bilaterally. The injured worker was noted to have undergone an MRI of the lumbar spine on 08/10/2010. The findings were noted to be status post L5-S1 fusion, with no evidence of pathology above L4-5. The CT with reconstruction on 08/18/2010 revealed a probable solid instrumented L5-S1 fusion, though there was noted to be "scatter" through the cage. There was bone laterally from L5-S1 and a slight medial penetration of the right L5 screw into the canal. It was noted this was symptomatic. The diagnoses included probably solid fusion, acute herniated

nucleus pulposus L5-S1 left, and status post L5-S1 fusion. The treatment plan included exploration of the fusion with removal of the hardware (impingement on nerve) with revision lumbar decompression and possible (though unlikely) revision instrumented fusion at L5-S1 level. A surgical assistant will be required. The injured worker would require an LSO postoperatively. Additionally, a polar care unit would be necessary in the postop unit for the modulation of heat and cold as well as a muscle stim for muscle reduction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot/Cold Unit: 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)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

Decision rationale: The American College of Occupational and Environmental Medicine indicates that at home local applications of cold in the first few days of the acute complaint and thereafter applications of heat or cold are appropriate. There was a lack of documentation indicating a necessity for a combination unit and documentation why the injured worker could not utilize the application of cold packs or heat packs. The request as submitted failed to indicate the duration of use and whether the unit was for rental or purchase. Given the above, the request for hot/cold unit is not medically necessary.

Muscle 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 (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines indicate that neuromuscular electrical stimulation is not recommended except for injured worker as part of a rehabilitation program following stroke. The specific muscle stimulator was not provided. The request as submitted failed to indicate the duration, frequency, and whether the unit was for rental or purchase. Given the above and the lack of clarification, the request for muscle stimulator is not medically necessary.