MAXIMUS Federal Services

Case Number:	CM14-0216137		
Date Assigned:	01/06/2015	Date of Injury:	02/25/2013
Decision Date:	03/10/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/24/2014

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

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 37 year old male sustained an industrial related injury on 02/25/2013 when he was pulling a dolly loaded with 400-500 lbs of materials and he felt something give way in his back. The initial diagnoses of the injury were not provided or discussed. Per the progress report (PR) (11/18/2014), the injured worker's subjective complaints included ongoing constant low back pain, rated 7/10 on VAS, and intermittent numbness radiating into the right buttocks and down the right posterior thigh through the calf to the foot and toes, rated 3/10 on the VAS. Objective findings on this report included a normal gait with normal heel-to-toe swing through gait, and no evidence of a limp. There was no gross deformity, no appreciable swelling or gross atrophy of the paravertebral muscles, no evidence of scoliosis, and normal lordosis. Tenderness to palpation was noted over the lumbar paravertebral muscles bilaterally. There were no noted vascular assessment abnormalities, but there was some decreased sensation over the right L5-S1 dermatome distribution. Motor power in the lower extremities showed improvement over previous exams and was found to be normal on this exam. Straight leg raise was negative at 90 on the right. Treatment to date has included medications, a lumbar epidural steroid injection (10/07/2013), a home stretching program, and a discogram at L3-S1 (11/10/2014) which was noted to be positive. Diagnostic testing has included a MRI of the lumbar spine (03/12/2013) which revealed a 8 mm broad based disc herniation paramedian to the right at L5-S1 contouring the right anterolateral aspect of the dural sac and possibly displacing the nerve root at that location posteriorly; a 2-3 mm annular bulging without neural compression at L4-L5, and disc dehydration at L4-L5 and L5-S1. X-rays of the lumbar spine (07/02/2013) showed mild disc

height loss at L4-L5 and moderate disc height loss at L5-S1. Current diagnoses include L4-L5 and L5-S1 disc degeneration, L4-S1 disc displacement, L5-S1 stenosis, right leg radiculopathy and chronic intractable pain. According to the clinical notes, it had been recommended that the injured worker undergo a TDA L4-L5 and AP fusion at L5-S1. This procedure has been non-certified by the UR. The three (3) day inpatient hospital stay was requested for the non-certified surgical procedure. The four wheel walker and commode were requested for the post-operative care after the surgical procedure. Treatments in place around the time the inpatient hospital stay, four wheel walker and commode were requested included pain medications and a home stretching program. According to the progress reports date from 06/19/2014 through 11/18/2014, there was no noted increase in the injured worker's level of pain. Functional deficits were noted to be improved from previous exams, and activities of daily living were unchanged. Work status was unchanged as the injured worker remained temporarily totally disabled. Dependency on medical care was unchanged.On 12/02/2014, Utilization Review non-certified a request for three (3) days of hospital inpatient stay (between 11/25/2014 and 01/09/2015) which was requested on 11/24/2014. The 3 day hospital stay was non-certified based on the non-certification of the primary surgical procedure. The ODG guidelines were cited. This UR decision was appealed for an Independent Medical Review. The submitted application for Independent Medical Review (IMR) requested an appeal for the non-certification of three (3) days of hospital inpatient stay (between 11/25/2014 and 01/09/2015).On 12/02/2014, Utilization Review non-certified a request for one (1) front wheel walker purchase which was requested on 11/24/2014. The front wheel walker purchase was non-certified based on the device is supported for bilateral disease and not supported for unilateral disease for which the injured worker is diagnosed. The ODG guidelines were cited. This UR decision was appealed for an Independent Medical Review. The submitted application for Independent Medical Review (IMR) requested an appeal for the non-certification of one (1) front wheel walker purchase.On 12/02/2014, Utilization Review non-certified a request for one (1) three-in-one commode purchase which was requested on 11/24/2014. The three-in-one commode purchase was non-certified based on the non-certification of a surgical procedure for which the post-operative device was requested. The ODG guidelines were cited. This UR decision was appealed for an Independent Medical Review. The submitted application for Independent Medical Review (IMR) requested an appeal for the non-certification of one (1) three-in-one commode purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Days of Hospital Inpatient Stay between 11/25/2014 and 1/9/2015: 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), 11th Edition (web), 2013, Low Back Chapter, Hospital Length of Stay (LOS)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back section, Hospital length of stay

Decision rationale: CA MTUS/ACOEM is silent on the issue of hospital length of stay following a cervical fusion. According to the ODG, Low back section, Hospital length of stay, a

3 day inpatient stay is recommended following an anterior lumbar fusion. As a request is for 3 days the determination is for certification as medically necessary and appropriate.This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur.

1 Front Wheel Walker for Purchase between 11/25/2014 and 1/9/2015: 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), Knee and Leg Chapter, Walking Aids (canes, crutches, braces, orhthoses & walkers)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee chapter, walking aids

Decision rationale: The CA MTUS/ACOEM guidelines are silent regarding crutches. According to the ODG knee chapter, walking aids, recommended, as indicated below. Almost half of patients with knee pain possess a walking aid. Disability, pain, and age-related impairments seem to determine the need for a walking aid. Nonuse is associated with less need, negative outcome, and negative evaluation of the walking aid.The use of a cane and walking slowly could be simple and effective intervention strategies for patients with OA. In a similar manner to which cane use unloads the limb, weight loss also decreases load in the limb to a certain extent and should be considered as a long-term strategy, especially for overweight individuals. In this case there is lack of functional deficits noted in the exam note from 11/18/14 to warrant a front wheel walker. Therefore the determination is for non-certification.

1 (one) 3 in 1 Commode for Purchase between 11/25/2014 and 1/9/2015: 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), Knee and Leg Chapter, Durable Medical Equipment (DME)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee and Leg, DME toilet items

Decision rationale: CA MTUS/ACOEM is silent on the issue of commode. Per the ODG Knee and Leg, DME toilet items (commodes, bed pans, etc.) are medically necessary if the patient is bed- or room-confined, and devices such as a raised toilet seats, commode chairs, sitz baths and portable whirlpools may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. In this case the exam note from 11/18/14 does not demonstrate any functional limitations to warrant a commode postoperatively. Therefore the determination is for non-certification.