MAXIMUS Federal Services

Case Number:	CM15-0011730		
Date Assigned:	01/29/2015	Date of Injury:	08/21/2008
Decision Date:	03/26/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/20/2015

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: Physical Medicine & Rehabilitation

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 55-year-old female was injured 8/21/08 in an industrial accident. The current complaints were not available nor were medications. Diagnoses are status post bilateral porthole decompression at L2-3, partial laminectomy L3, L5, total laminectomy L4, posterolateral fusion L4-5 with local bone graft, insertion of hardware L4-5 bilaterally (4/7/14); acquired spondylolisthesis; spinal stenosis, lumbar region without neurogenic claudication. Diagnostics included lumbar radiograph (6/19/14). On 12/17/14 Utilization review non-certified the requests for 1 x-ray of the lumbar spine to include AP and lateral views citing ACOEM Guidelines: Chapter 12: Low Back Complaints; 6 physical therapy visits to include occupational therapy for the hand citing MTUS: Chronic pain Medical Treatment Guideline: Physical Medicines; 6 weeks of home care and a driver citing Medicare Benefits Manual: Chapter 7: Home Health Services; Lorazepam unknown prescription citing MTUS: Chronic Pain Medical treatment Guidelines: Benzodiazepines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 x-ray of the lumbar spine to include AP and lateral views: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines low back chapter under Radiography

Decision rationale: According to the 12/03/2014 report, this patient presents with mild gait disturbance but is much better than she was preoperatively. The current request is for 1X-ray of the lumbar spine to include AP and lateral views. The request for authorization is on 12/05/2014. The patient's work status was not mentioned in this report. Regarding radiography of the lumbar spine, ODG states lumbar spine radiography should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least 6 weeks. ODG further states indication for x-ray is considered when there Lumbar spine trauma; a serious bodily injury, neurological deficit, seat belt (chance) fracture or uncomplicated low back pain; trauma, steroids, osteoporosis, over 70, suspicion of cancer, and infection. ODG also states that plain x-rays are indicated for post surgery to evaluate status of fusion. In reviewing the provided reports, the patient is 8 months status post lumbar decompression at L3-4 and L4-5, with fusion at L4-LS and has had post surgery X- ray of the lumbar spine on 08/07/2014 that shows no radiography evidence of loosening or failure of the posterior fusion hardware at L4-5 and no acute fracture. In this case, the treating physician requested a repeat post surgical X-ray of the lumbar spine without providing a medical rationale for the request when the patient does not present with any of the concerns addressed in ODG to consider X-Rays. The current request IS NOT medically necessary.

6 physical therapy visits to include occupational therapy for the hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: According to the 12/03/2014 report, this patient presents with mild gait disturbance but is much better than she was preoperatively. The current request is for 6 physical therapy visits to include occupational therapy for the hand. The patient is status post lumbar decompression at L3-4 and L4-5, with fusion at L4-LS and instrumentation on 4/7/14 and is outside of post-surgical time frame and for therapy treatments. For physical medicine, MTUS guidelines pages 98, 99 state that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Review of the available records indicates that the treating physician had requested for 10 sessions of physical therapy on 09/25/2014 and 6 more sessions on 12/3/2014; however, there were no therapy reports provided. In this case, the treater does not discuss the patient's treatment history or the reasons for requested additional therapy. No discussion is provided as to why the patient is not able to perform the necessary home exercises. MTUS page 8 requires that the treater provide

monitoring of the patient's progress and make appropriate recommendations. Therefore, the current request IS NOT medically necessary.

6 weeks of home care and a driver: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: According to the 12/03/2014 report, this patient presents with mild gait disturbance but is much better than she was preoperatively. The current request is for 6 weeks of home care and a driver. Regarding home health service, MTUS guidelines recommend medical treatment for patients who are home bound, on a part-time or intermittent basis, generally up to no more than 35 hours per week. MTUS guidelines typically do not consider homemaking services such as shopping, cleaning, laundry, and personal care, medical treatments if these are the only services needed. Review of the provided reports show no documentation of why the patient is unable to perform self-care. The patient is not home bound. No neurologic and physical deficits are documented on examination and diagnosis other than chronic pain. Without adequate diagnostic support for the needed self-care such as loss of function of a limb or mobility, the requested home health care would not be indicated and supported by the MTUS guidelines. The current request IS NOT medically necessary.

Unknown prescription of Lorazepam: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: According to the 12/03/2014 report, this patient presents with mild gait disturbance but is much better than she was preoperatively. The current request is for Unknown prescription of Lorazepam. MTUS guidelines page 24, do not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Only short-term use of this medication is recommended for this medication. Review of the available records indicates the treating physician is requesting Lorazepam with unknown prescription and it is unknown exactly when the patient initially started taking this medication. Lorazepam is not recommended for long-term use. The treater does not mention that this is for a short-term use. MTUS does not support long-term use of this medication. Therefore, the request IS NOT medically necessary.