

Case Number:	CM15-0015380		
Date Assigned:	02/03/2015	Date of Injury:	04/03/2012
Decision Date:	03/25/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/27/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 48 year old male, who sustained a work/industrial back injury on 4/3/12 when a 50 pound metal door fell towards the IW back while opening an electrical panel. He has reported symptoms of moderate lower back pain, bilateral buttock pain and left leg pain. The gait was antalgic with difficulty on heel walking. Per the notes, the pt was authorized for surgery including an anterior L4-5, L5-S1 lumbar interbody fusion with instrumentation and posterior L4-5, L5-S1 lumbar laminectomy and laminotomy, assistant surgeon, co-vascular surgeon to help with the anterior approach as well as pre-operative consultation with co-vascular surgeon, preoperative medical clearance by internist, DME, lumbar brace. Prior medical history included diabetes mellitus and hypertension. The diagnoses have included disc herniation, stenosis, instability, of the lumbo-sacral region. The Magnetic Resonance Imaging (MRI) on 9/4/13 demonstrated spondylitic changes at L4-5 and L5-S1 with left sided protrusion at L4-5 causing moderate canal stenosis and nerve root impingement. A L5-S1, there was a central protrusion though it be stable from the prior scan with mild to moderate lateral recess narrowing. X-ray's of the lumbar spine on 12/17/14 revealed a moderate collapse with about 3 mm retrolisthesis of L5 on S1. At L4-5, there was a sharp angulatory deformity with significant motion moving forward on flexion 4 mm and extension L4 retrolisthesis about 7-8 mm. Treatment to date has included diagnostics, mediations, 4 transforaminal epidural injections, chiropractic care, and physical therapy. Per the doctor's note dated 9/24/14 and 12/17/14 physical examination revealed antalgic gait, difficulty in heel walking, muscle weakness, tenderness on palpation, limited range of motion and positive SLR and decreased sensation. He was certified for anterior L4-5, L5-S1

lumbar interbody fusion with instrumentation and posterior L4-5, L5-S1 lumbar laminectomy and laminotomy Any operative note was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot cold therapy unit with wrap for purchase: 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): Page 299. Decision based on Non-MTUS Citation Low Back (updated 03/03/15) Cold/heat packs

Decision rationale: Request: Hot cold therapy unit with wrap for purchase Per the ACOEM guidelines cited below At-home local applications of cold in first few days of acute complaint; thereafter, applications of heat or cold. He was certified for anterior L4-5, L5-S1 lumbar interbody fusion with instrumentation and posterior L4-5, L5-S1 lumbar laminectomy and laminotomy. Any operative note was not specified in the records provided. Any surgery or procedures related to this injury were not specified in the records provided. Per the cited guidelines cold packs is recommended as an option for acute pain. At-home local applications of cold packs in first few days of acute complaint; thereafter, applications of heat packs or cold packs. (Bigos, 1999) (Airaksinen, 2003) (Bleakley, 2004) (Hubbard, 2004). The evidence for the application of cold treatment to low-back pain is more limited than heat therapy, with only three poor quality studies located that support its use, but studies confirm that it may be a low risk low cost option. (French-Cochrane, 2006) There is minimal evidence supporting the use of cold therapy, but heat therapy has been found to be helpful for pain reduction and return to normal function. Therefore there is minimal evidence supporting the use of cold therapy for this diagnosis. In addition any evidence of acute pain was not specified in the records provided. Rationale for not using a simple cold pack at home was not specified in the records provided. Patient has received an unspecified number of the PT visits for this injury till date. The records provided do not specify a detailed response to conservative measures including PT for this injury. The previous PT visit notes are not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications is not specified in the records provided. The medical necessity of the request for Hot cold therapy unit with wrap for purchase is not fully established in this patient.

Inpatient stay 3 to 4 days: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 03/03/15) Hospital length of stay (LOS)

Decision rationale: Request: Inpatient stay 3 to 4 days; As per cited guideline recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. For prospective management of cases, median is a better choice than mean (or average) because it represents the mid-point, at which half of the cases are less, and half are more. For retrospective benchmarking of a series of cases, mean may be a better choice because of the effect of outliers on the average length of stay ODG hospital length of stay (LOS) guidelines: Lumbar Fusion, anterior (icd 81.06 - Lumbar and lumbosacral fusion, anterior technique) Actual data median 3 days; mean 4.2 days (0.2); .Best practice target (no complications) 3 days. He was certified for anterior L4-5, L5-S1 lumbar interbody fusion with instrumentation and posterior L4-5, L5-S1 lumbar laminectomy and laminotomy. The request for Inpatient stay 3 to 4 days is medically necessary and appropriate in this patient.