

Case Number:	CM15-0017994		
Date Assigned:	02/05/2015	Date of Injury:	01/22/2011
Decision Date:	03/25/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	01/30/2015

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: Illinois, California, Texas
 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:

The injured worker is a 48 year old male, who sustained an industrial injury on 1/22/11. Past surgical history was positive for C4/5 disc replacement on 12/5/12 and C5/6 disc replacement and C6/7 fusion on 11/4/13. The 1/12/15 treating physician report indicated that the patient had undergone bilateral L5/S1 epidural steroid injections with 3 to 4 weeks of improvement in his lower extremity symptoms, which had now returned. Physical exam documented diffuse low back tenderness, dysesthesias into both legs, positive bilateral straight leg raise, and diminished lower extremity reflexes. The 5/27/14 lumbar MRI showed multilevel disc herniations and post laminectomy changes at L5/S1 with some foraminal stenosis at L5/S1 on the left. At L4/5, there was moderate to severe bilateral foraminal stenosis secondary to disc herniation and fissuring. The diagnosis was lumbar post laminectomy syndrome, lumbar intervertebral disc displacement without myelopathy, lumbar intervertebral disc degeneration, and cervical spinal stenosis. Recommendation was for microdiscectomy on the left side and possibly the right side at the L5-S1 level and on the right side and possibly the left side at the L4-5 level. On 1/26/2015, Utilization Review (UR) certified the request for lumbar microdiscectomy. An associated request for home health initial visit plus one or two visits for skilled observation of incision healing, pain management, neurological status, home safety and equipment needs was modified to an initial home health visit. The request for first assistant surgeon was modified to a surgical assistant. The request for a Vascutherm cold therapy unit was non-certified. The Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM) Guidelines and Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Services: Vascutherm cold therapy unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.atena.com/cpb/medical/data/200_299/0297.html, Clinical Policy Bulletin, Cryoanalgesia and Therapeutic Cold

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Medical Treatment Utilization Schedule (MTUS), 2009, American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, Chapter 12 Low Back Disorders (Revised 2007), Hot and cold therapies

Decision rationale: The California MTUS is silent regarding cold therapy units. The ACOEM Revised Low Back Disorder Guidelines state that the routine use of high-tech devices for hot or cold therapy is not recommended in the treatment of lower back pain. Guidelines support the use of hot or cold packs for patients with low back complaints. Guideline criteria have not been met. There is no compelling reason presented to support the medical necessity of a cold therapy unit in the absence of guideline support. Therefore, this request is not medically necessary.

Associated surgical services: First assistant surgeon: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Surgical Assistant

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid services Physician Fee Schedule Assistant Surgeons <http://www.cms.gov/apps/physician-fee-schedule/overview.aspx>

Decision rationale: The California MTUS guidelines do not provide recommendations relative to assistant surgeons. The California MTUS guidelines do not address the appropriateness of assistant surgeons. The Center for Medicare and Medicaid Services (CMS) provide direction relative to the typical medical necessity of assistant surgeons. The procedure codes with a 0 under the assistant surgeon heading imply that an assistant is not necessary; however, procedure codes with a 1 or 2 implies that an assistant is usually necessary. For this requested surgery, CPT code 63030, there is a 2 in the assistant surgeon column. Therefore, based on the stated guideline and the complexity of the procedure, this request is medically necessary.

Associated surgical services: home health initial visit plus 1 or 2 for skilled observation of incision healing, pain management, neurologic status, home safety and equipment needs.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services.

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

Decision rationale: The California MTUS recommends home health services only for otherwise recommended treatment for patients who are homebound, on a part time or intermittent basis, generally no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. The request for home health initial visit plus one or two visits for skilled observation of incision healing, pain management, neurological status, home safety and equipment needs, was modified to one initial home health visit. There is no compelling reason to support the medical necessity of home health services beyond that already certified prior to post-operative assessment. Therefore, this request is not medically necessary.