

Case Number:	CM15-0114231		
Date Assigned:	06/23/2015	Date of Injury:	01/14/2002
Decision Date:	07/27/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/12/2015

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: New York
 Certification(s)/Specialty: Neurological 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 50 year old male, who sustained an industrial injury on 01/14/2002. He has reported subsequent low back and bilateral lower extremity pain and was diagnosed with lumbar degenerative disc disease, annular tear at L3-L4, foraminal stenosis and radiculopathy at L3-L4 and L4-L5 on the left and lateral recess stenosis. Treatment to date has included medication, physical therapy, injections and chiropractic care. In a progress note dated 04/24/2015, the injured worker complained of constant low back pain with radiation to the bilateral lower extremities that was worsening. Objective findings were notable for diffuse tenderness to palpation and spasm, maximum at L3-L4 and L4-L5 level, sciatic notch tenderness, positive straight leg raise and tension signs, dysesthesias in the L4 and L5 dermatomes and weakness of the quadriceps and extensor hallucus longus on the left side. MRI of the lumbar spine on 01/29/2015 showed mild to moderate multilevel lumbar spondylosis most pronounced at L3-L4 and mild multilevel foraminal narrowing. The physician noted that the injured worker was recommended to undergo a posterior interlaminar laminotomy at L3-L4 and L4-L5. A request for authorization of home health evaluation, transportation, aquatic therapy x 8 for the lumbar spine and front wheeled walker was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Home health evaluation: Upheld

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

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 Chapter-Home Health Services.

Decision rationale: The ODG guidelines do recommend home health services for medical treatment for patients who are home bound. Documentation does not provide evidence the patient is home bound. Documentation is not provided as to what medical conditions are required for home health. Therefore, this request for home health evaluation is not medically necessary and appropriate.

Associated surgical service: Transportation: 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 Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices Page(s): 9, 99.

Decision rationale: Since a posterior interlaminar laminotomy is not a major disruptive procedure, a motorized scooter would not be authorized according to the California MTUS guidelines. The guidelines emphasize that all therapies are focused on the goal of functional restoration rather than just the mere elimination of pain. The guidelines recommend early exercise, mobilization and independence at the early steps of the injury recovery process. Therefore, this request for transportation is considered not medically necessary and appropriate.

Associated surgical service: Aquatic therapy x 8, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy Chapter-physical therapy.

Decision rationale: The ODG guidelines recommend for post-surgical treatment following laminectomy 16 visits over 8 weeks. The guidelines also recommend a fading in frequency as well as a home self-directed physical therapy. Documentation does not comply with these recommendations. Therefore, this request for aquatic therapy x 8, lumbar spine is not medically necessary and appropriate.

Associated surgical service: Front wheeled walker: 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), Knee and Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip replacement walking aids.

Decision rationale: Since a posterior interlaminar laminotomy might be associated with some anxiety about initial ambulation, a front wheeled walker according to the ODG guidelines could be authorized. Therefore, this request for front wheeled walker is medically necessary and appropriate.