

Case Number:	CM15-0026416		
Date Assigned:	02/18/2015	Date of Injury:	04/19/2012
Decision Date:	04/03/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/11/2015

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 31-year-old female who sustained an industrial injury on 4/19/12. Injury occurred when she was kicked in the face by a student. Past medical history was positive for ulcerative colitis. There was no evidence in the provided records of lower extremity weakness. The 8/20/14 lumbar spine MRI documented an L4/5 herniated nucleus pulposus with right greater than left stenosis. The 8/20/14 cervical spine MRI impression documented loss of intervertebral disc height and disc desiccation changes at C3/4, C4/5 and C5/6. At C5/6, there was 4.8 mm disc protrusion with a small central annular tear with slight right paracentral cord compression. The 1/20/15 treating physician report cited continued right upper extremity weakness due to a large cervical disc herniation at C5/6 compressing the cord. She had a recent lumbar epidural steroid injection with improvement of her right leg radicular symptoms. Physical exam documented persistent right cervical spine tenderness, positive right Spurling's, and right upper extremity weakness. Lumbar spine exam documented right lumbar treatment and negative nerve tension signs following the epidural steroid injection. The diagnoses have included right cervical radiculopathy with C5-6 annular tear and cord compression, L4-5 disc tear with right leg radiculopathy, and post-concussive syndrome. On 1/20/15, utilization review certified a request for anterior cervical discectomy and fusion at C5/6 with 1-day in-patient and 12 sessions of post-op physical therapy. The requests for 3 in 1 commode, standard lumbar brace, walker, 1 time home care nurse evaluation, associated surgical service-co-surgeon, pre-operative medical clearance, and transport after post-operative, noting the lack of compliance with MTUS/ACOEM/Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 in 1 commode: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee, walking aids (caines, crutches, braces, orthoses, & walkers).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Bathtub seats.

Decision rationale: The California MTUS is silent regarding this durable medical equipment. The Official Disability Guidelines state that certain DME toilet items (commodes) are medically necessary if the patient is room-confined or when prescribed as part of a medical treatment plan for injury or conditions that result in physical limitations. Bathtub seats are considered a comfort or convenience item, hygienic equipment, & not primarily medical in nature. There is no indication that the patient will be room confined following hospital discharge from an anterior cervical discectomy and fusion to support the medical necessity of a bedside commode. A shower chair is considered a comfort or convenience item. Therefore, this request is not medically necessary.

Standard Lumbar Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee, walking aids (caines, crutches, braces, orthoses, & walkers).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM). Occupational Medical Practice Guidelines 2nd Edition. Chapter 12 Low Back Disorders. (Revised 2007) page(s) 138-139.

Decision rationale: The California MTUS state the lumbar supports have not been show to have any lasting benefit beyond the acute phase of symptom relief. The revised ACOEM Low Back Disorder guidelines do not recommend the use of lumbar supports for prevention or treatment of lower back pain. However, guidelines state that lumbar supports may be useful for specific treatment of spondylolisthesis, documented instability, or post-operative treatment. Guideline criteria have not been met. There is no evidence of spondylolisthesis or instability to support the medical necessity of a standard lumbar brace. Therefore, this request is not medically necessary.

Walker: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee, walking aids (canes, crutches, braces, orthoses, & walkers).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: The California MTUS guidelines do not provide specific guidelines for post-op ambulatory assistive devices. Guidelines do recommend limited restriction of activity to avoid deconditioning. The Official Disability Guidelines state that disability, pain, and age-related impairments determine the need for a walking aid. Assistive devices can reduce pain and allow for functional mobility. Guideline criteria have not been met. There is no evidence that this patient will be impaired in ambulatory ability status post anterior cervical discectomy and fusion to warrant the use of a walker. There is no current evidence of lower extremity weakness. Therefore, this request is not medically necessary.

1 time care Nurse eval: 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. 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. Guideline criteria have not been met. There is no rationale presented to support the medical necessity of a home care nurse evaluation following anterior cervical discectomy and fusion relative to a medical treatment. Therefore, this request is not medically necessary.

Associated Surgical Services: Co-Surgeon: Overturned

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

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 address the appropriateness of co-surgeons. The Center for Medicare and Medicaid Services (CMS) provide direction relative to

the typical medical necessity of co-surgeons. The Centers for Medicare & Medicaid Services (CMS) has revised the list of surgical procedures which are eligible for a co-surgeon. The procedure codes with a 0 under the co-surgeon heading imply that an assistant is not necessary; however, procedure codes with a 1 or 2 implies that a co-surgeon is usually necessary. For this requested surgery, CPT code 22551 and 22845, there is a 2 in the co-surgeon column for each code. Therefore, based on the stated guideline and the complexity of the procedure, this request is medically necessary.

Pre Op Medical Clearance: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40.

Decision rationale: The California MTUS guidelines do not provide recommendations for pre-operative medical clearance. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Guideline criteria have been met based on the magnitude of surgical procedure, recumbent position, fluid exchange and the risks of undergoing anesthesia. Therefore, this request is medically necessary.

Transportation after Post-Op: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Transportation (to & from appointments).

Decision rationale: The California MTUS states that non-medical issues should be managed by the provider. These issues can be handled in the same way as a regular medical specialist referral, using a network of resources when non-medical issues are involved. The Official Disability Guidelines state that transportation to and from appointments is recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. There is no documentation in the file to support the medical necessity of this request. There is no documentation that the patient has a disability preventing self-transport, using public transportation, or securing a ride. Therefore, this request is not medically necessary.