

Case Number:	CM15-0037657		
Date Assigned:	03/06/2015	Date of Injury:	12/09/2000
Decision Date:	05/27/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/27/2015

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: 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 56-year-old female who sustained an industrial injury on 12/09/00. Injury occurred when she was transferring a patient from the bed to a wheelchair. Past medical history was positive for anxiety disorder, depression, nausea, gastroesophageal reflux disease, and diabetes mellitus. Lumbar spine x-rays and MRI documented foraminal stenosis at the L4/5 and L5/S1 levels. Electro diagnostic studies evidenced L4, L5, and S1 radiculopathy. Conservative treatment included physical therapy, acupuncture, chiropractic medications, activity modification, and epidural steroid injection without sustained relief. The 1/16/15 treating physician report cited persistent grade 9/10 low back pain radiculitis into both legs, worse on the left, and going to the toes. Physical exam documented antalgic gait, very slow in walking, and guarded range of motion. She had difficulty with toe walking due to weakness. There was decreased right L4, L5, and S1 dermatomal sensation. There was positive bilateral straight leg raise. X-rays of the lumbar spine showed loss of disc height at L5/S1 with instability on flexion and extension with some foraminal narrowing. The injured worker had failed conservative treatment. Authorization was requested for laminectomy and posterior spinal fusion with instrumentation and posterolateral interbody fusion at L4/5 and L5/S1, 5 day inpatient stay, 3 in 1 commode, and a custom molded TLSO (thoracolumbosacral orthosis) brace. The 2/9/14 utilization review certified the request for lumbar decompression and fusion surgery. The request for 5-day inpatient stay was modified to 3 days inpatient stay consistent with the Official Disability Guidelines. The request for 3 in 1 commode was non-certified based on an absence of guideline support. The request for custom mold thoracolumbar support orthotic (TLSO) brace

was non-certified a guidelines did not generally support bracing for improving fusion rates or clinical outcomes, nor did they support a custom brace over a standard one.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Services: 5 day in-patient stay: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Lumbar & Thoracic: Hospital length of stay (LOS).

Decision rationale: The California MTUS does not provide hospital length of stay recommendations. The Official Disability Guidelines recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. The recommended median and best practice target for anterior or posterior lumbar fusion is 3 days. The 2/9/14 utilization review modified the request for 5 days length of stay, certifying 3 days. There is no compelling reason to support the medical necessity beyond guideline recommendations and the 3 day hospital stay previously certified. Therefore, the request for is not medically necessary.

Associated Surgical Services: 3 in 1 commode: 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 Official Disability Guidelines (ODG) Knee and Leg, Durable medical equipment (DME).

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. The use of a 3-in-1 commode following multilevel lumbar fusion is reasonable for expected physical limitations and to allow for early functional independence. Therefore, this request is medically necessary.

Associated Surgical Services: 1 custom molded TLSO brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Lumbar & Thoracic: Back brace, post operative (fusion) and Other Medical Treatment Guidelines 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 guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The revised ACOEM Low Back Disorder guidelines state that lumbar supports may be useful for specific treatment of spondylolisthesis, documented instability, or post-operative treatment. The Official Disability Guidelines state the post-operative back bracing after fusion is under study and given the lack of evidence supporting the use of these devices, a standard brace would be preferred over a custom post-op brace. The use of a lumbar support in the post-operative period for pain control is reasonable. However, there is no compelling rationale presented to support the medical necessity of a custom orthotic over a pre-fabricated brace. Therefore, this request is not medically necessary.