

Case Number:	CM15-0049445		
Date Assigned:	03/23/2015	Date of Injury:	10/22/1998
Decision Date:	05/07/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/16/2015

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: California, Indiana, Oregon
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 58 year old male, who sustained an industrial injury on October 22, 1998. He reported injury of the neck and low back. The injured worker was diagnosed as having status post cervical spine surgery, bilateral upper extremity radiculopathy, and lumbar disc herniations. Treatment to date has included laboratory evaluations, magnetic resonance imaging, medications, physical therapy, and electrodiagnostic studies. On January 16, 2015, he was seen for increasing neck pain with radiation down the arms, and continued low back pain and stiffness with radiation down the legs. The treatment plan included: request for lumbar surgery, pre-operative clearance, laboratory evaluations, radiology imaging, electrocardiogram, hospitalization, lumbar support, cold therapy unit, 2 weeks of home health care, and post-operative physical therapy. The request is for 3 hospital days, lumbar support, and cold therapy unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: DME Lumbar Support: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: CA MTUS/ACOEM guidelines, Chapter 12, page 301 states, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In this case the injury is years old with persistent symptoms not expected to acutely worsen. Therefore the request is not medically necessary.

Associated Surgical Service: DME Cold Therapy Unit: 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.

Decision rationale: CA MTUS/ACOEM is silent on the issue of continuous flow cryotherapy. According to the ODG Low Back section, cold/heat packs is recommended as an option for acute pain. It is recommended for at home application of cold packs for the first few days of acute complaint. The ODG does not recommend a motorized hot cold therapy unit such as vascutherm as cold packs is a low risk cost option. Therefore the determination is not medically necessary.

Associated Surgical Service: 3 Day Hospital Stay: Upheld

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

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.

Decision rationale: CA MTUS/ACOEM is silent on the issue of hospital length of stay following a lumbar laminotomy. According to the ODG, Low back section, Hospital length of stay, a 2 day inpatient stay is median length of time with 1 day as best practice. As a request is for 3 days, it is not in keeping with the guidelines therefore is not medically necessary.