

Case Number:	CM15-0065464		
Date Assigned:	04/21/2015	Date of Injury:	04/28/2000
Decision Date:	05/22/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/06/2015

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 67-year-old female who sustained an industrial injury on 4/28/00, relative to a fall. Past medical history was positive for diabetes mellitus, cholesterol and triglyceride abnormalities, gastroesophageal reflux disease, and irritable bowel syndrome. The 2/16/15 treating physician report cited imaging findings of pretty significant lateral recess and foraminal stenosis, and moderate central canal stenosis at L3/4 with impingement. There was disc degeneration at the L4/5 and L5/S1 levels with a little facet disease. She was not improving and had failed all conservative treatment. Surgical decompression at the L3/4 level with probably interspinous stabilization with Coflex was recommended. Current exams documented pain with extension and rotation, paraspinal spasms, antalgic gait, and neurogenic claudication symptoms. There was right quadriceps weakness, decreased right L3 and L4 sensation, and no L4 reflex. The diagnosis was lumbar degenerative disc disease, facet arthropathy, and stenosis (L3/4 and to a lesser extent L4/5). Authorization was requested for an anterior laminar decompression with Coflex interspinous stabilization, an assistant surgeon, 1-3 day inpatient stay, pre-op labs, EKG, chest x-ray, pre-op clearance with internal medicine, a LSO back brace, walker, and commode-in house, post-op in home physical therapy, post-op outpatient physical therapy, and RN evaluation for wound care with possible home health aide services. The 3/12/15 utilization review modified the request for RN evaluation for wound care with possible home health aide services 2-3 hours a day, 2-3 times per week for 4 weeks, and allowed an RN evaluation for wound care check for one visit. The request for home health aide services was not supported by MTUS guidelines or

current documentation of functional limitations. The request for pre-operative labs: complete blood count (CBC), prothrombin time (PT), partial thromboplastin time (PTT), urinalysis (UA), EKG and chest x-ray was modified to allow for pre-operative labs: CBC and basic metabolic panel, and EKG based on the Official Disability Guidelines. The request for durable medical equipment including lumbosacral orthosis (LSO) back brace, walker and commode was modified and the request for LSO was approved. The request for a walker was non-certified as there were no significant strength issues, gait abnormalities or safety issues to support the medical necessity of an ambulatory assistive device. The request for commode was non-certified as there was no indication that the injured worker would be unable to access the restroom at home.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: RN evaluation for wound check with possible home health aide services 2-3 hours a day, 2-3 times per week x 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51. Decision based on Non-MTUS Citation Medicare Benefits Manual (Rev. 144, 05-06-11), Chapter 7 - Home Health Services; section 50.2 (Home Health Aide Services).

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. Medicare provides specific patient selection criteria for in home services, including the individual is confined to the home and the service must be prescribed and periodically reviewed by the attending physician. Additionally, the individual must be in need of skilled nursing care on an intermittent basis, or physical therapy or speech-language pathology; or have a continuing need for occupational therapy. The 3/12/15 utilization review modified this request and allowed for one RN evaluation for wound care check. Three weeks of in-home physical therapy were also certified. However, there is no evidence that this injured worker will be confined to the home for 4 weeks or that home health assistance will be medically necessary. The certified RN and physical therapy evaluations will allow for documentation of functional need following surgery. Therefore, this request is not medically necessary at this time.

Pre-op labs: CBC, PT, PTT, UA, EKG, Chest x-ray: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38.

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Guidelines indicate that most laboratory tests are not necessary for routine procedures unless a specific indication is present. Indications for such testing should be documented and based on medical records, patient interview, physical examination, and type and invasiveness of the planned procedure. Coagulation studies are generally reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants. Preoperative urinalysis is recommended for patients undergoing implantation of foreign material. EKG may be indicated for patients with known cardiovascular risk factors or for patients with risk factors identified in the course of a pre-anesthesia evaluation. Routine pre-operative chest radiographs are not recommended except when acute cardiopulmonary disease is suspected on the basis of history and physical examination. This request for pre-operative labs: complete blood count (CBC), prothrombin time (PT), partial thromboplastin time (PTT), urinalysis (UA), EKG and chest x-ray was modified to allow for pre-operative labs: CBC and basic metabolic panel, and EKG. However, this patient will be undergoing potential implantation of foreign materials (Coflex device) which supports the medical necessity of urinalysis. She has a history of knee osteoarthritis and there is plausible evidence for long-term non-steroidal anti-inflammatory drug use which would support coagulation studies. Middle-aged females have known occult increased cardiopulmonary risk factor to support the medical necessity of a pre-procedure chest x-ray. Therefore, this request is medically necessary.

Associated surgical service: LSO back brace, walker, commode: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints Page(s): 48, 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg: Bathtub seats; Durable medical equipment (DME); Walking aids (canes, crutches, braces, orthoses, & walkers) 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 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. Records indicated that this request was found medically necessary. The California

MTUS and Official Disability Guidelines (ODG) do not address the use of walkers in low back complaints. The ACOEM guidelines recommend limited restriction of activity to avoid deconditioning. The ODG states that disability, pain, and age-related impairments determine the need for a walking aid. Assistive devices can reduce pain and allow for functional mobility. The use of a walker seems reasonable to allow for early post-operative mobility with reduced pain. The California MTUS is silent regarding commodes. 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 to support the medical necessity of a bedside commode. The use of a LSO and walker would be reasonable in the post-operative period for this patient, and the LSO was certified in utilization review. The additional request for a commode is also supported. Therefore, this request is medically necessary.