

Case Number:	CM15-0079375		
Date Assigned:	05/04/2015	Date of Injury:	04/01/2003
Decision Date:	06/04/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/24/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 66 year old female who sustained an industrial injury on 04/01/3003. Diagnoses include status post T12 to L3 posterior fusion with L1-L3 revision decompression, status post lumbar hardware removal with irrigation and debridement-12/24/2013, status post L2-3 and L3-4 TLIF with hardware removal L4-S1 on 04/11/2013, status post multiple incisions and drainage of lumbar incisions in May of 2013, history of right sided laminotomy L4-5, an status post revision decompression and posterior spinal fusion L4-S1 in February of 2005. Treatment to date has included diagnostic studies, failed back surgery x 6, medications, home health services, and trigger point injections. A physician progress note present and dated 11/10/2014 documents the injured worker has complaints of significant back pain. On 09/29/2014 Norco was reduced and Fentanyl patches were stopped. She has increased neck and low back pain. Cervical spine range of motion is decreased and reveals moderate tenderness. Her low back reveals a well-healed incision. She has significant difficulty rising form a seated to standing position and is in pain. She must use her front-wheeled walker to help mobilize. Trigger point injections were administered. Treatment requested is for adhesive removal wipes 30 day supply Qty: 50.

IMR ISSUES, DECISIONS AND RATIONALES

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

Adhesive removal wipes 30 day supply Qty: 50: Upheld

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) Diabetic, Wound Care under Dressings.

Decision rationale: The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The issue is what the adhesive wipes are for. It is not clear from the notes. In most cases, it is used for wounds bandage adherence. Sometimes, they are used to hold a urinary or other catheter to the skin. For dressings, the ODG notes: Recommended as indicated below. Recommend the following combinations: for chronic wounds, (1) debridement stage, hydrogels; (2) granulation stage, foam and low-adherence dressings; and (3) epithelialization stage, hydrocolloid and low-adherence dressings; and for the epithelialization stage of acute wounds, low-adherence dressings. It is not apparent what the adhesive material is needed for. There is no evidence of catheters, or dressings. There is no evidence of approved TENS pads. The request is appropriately not medically necessary.