MAXIMUS Federal Services

Case Number:	CM15-0093533		
Date Assigned:	05/19/2015	Date of Injury:	06/29/1998
Decision Date:	07/16/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/14/2015

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: Arizona
Certification(s)/Specialty: 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 50 year old male who sustained a work related injury June 29, 1998. Past history included lumbar fusion 2002, ruptured disc 1998, lumbar hardware removal 2003, right hand fracture and repair 2004, spinal cord implant April 2008, and IDDS (implantable drug delivery systems) June, 2013 and pocket revision January, 2015. According to the primary treating pain management physician's progress report, dated March 4, 2015, the injured worker presented with reports of a serious discharge from pain pump site approximately 3ml the day of the visit and 10ml the previous week. His pain is better, rated 2/10, and an average of 5/10, since the insertion of the intrathecal pump. His pain is located in the bilateral legs, bilateral low back and bilateral ankles and feet. A specimen was obtained from the abdominal site of discharge (pump pocket) and sent for culture and gram stain. He is currently taking Bactrim. A culture report, dated March 7, 2015, revealed Pseudomonas aeruginosa. A primary treating physician's progress report dated March 24, 2015, finds the injured worker with improved condition of his right lower quadrant pump site, with less drainage, and minimal if any tenderness. On examination of the abdomen the right upper quadrant is less swollen, minimal discharge from pinpoint opening where previous erosion occurred, tender inferiorly, minimal erythema, and a Band-Aid covering the site. Diagnoses are chronic pain syndrome; lumbar back pain with radiculopathy; failed lumbar back surgery. Treatment plan included adjustment to antibiotics, referral to wound care, and CT of the abdomen. At issue, is the request for non-surgical debridement, Silver Nitrate application, and surgical debridement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgical Debridement (Every 2 weeks if needed x 1 month): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Burns, Debridement.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Wound Bed Preparation: The Science Behind the Removal of Barriers to Healing. Wounds. 2003; 15(7).

Decision rationale: In this patient's last wound clinic examination, the wound was reported as healed with no drainage present. No necrotic tissue is mentioned. There was no note of surrounding erythema, in duration, or evidence of abscess or indication for surgical intervention. Surgical debridement is not indicated in a wound that is healed. "Surgical debridement is the fastest way to remove dead tissue." Therefore, this request is not medically necessary.

Non-surgical debridement (Every 2 weeks if needed x 1 month): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Burns, Debridement.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Wound Bed Preparation: The Science Behind the Removal of Barriers to Healing. Wounds. 2003; 15(7).

Decision rationale: Autolytic, enzymatic debridement or mechanical debridement is not indicated in a wound that is healed. There is no reported drainage, evidence of an abscess or mention of a need to debride tissue at the last visit in the wound care clinic. Therefore, this patient would not benefit at this time from nonsurgical debridement of the healed wound. This request is not medically necessary.

Silver Nitrate Application (Every 2 weeks if needed x1 month): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Arzol Silver Nitrate Applicator.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Stephen-Haynes. Managing Over-granulation. Wound Care Today. October, 2013.

Decision rationale: Silver nitrate is an effective cautery agent and is used in wounds for removal of hypergranulation tissue (proud flesh) and to open rolled wound edges. "When granulation

'over grows' beyond the surface of the wound, this is known as overgranulation, also referred to as hypergranulation, exuberant granulation, hyperplasia of granulation, hypertrophic granulation, or 'proud' flesh. It is usually present in wounds healing by secondary intention and is clinically recognized by a friable, red, often shiny and soft appearance, which is raised above the level of the surrounding skin." "One of the most successful treatments for overgranulation is topical administration of silver nitrate and this has produced good results in practice. However, the use directly reduces fibroblast proliferation and is, therefore, not recommended for prolonged or excessive use. For the same reason it should never be considered first-line therapy". There is no mention of a bleeding wound that would require silver nitrate for cautery and there is no mention in the wound care note of the presence of any hypergranulation tissue. Therefore, this request is not medically necessary.