

Case Number:	CM15-0097484		
Date Assigned:	05/28/2015	Date of Injury:	04/11/2014
Decision Date:	06/30/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/20/2015

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 58-year-old female who sustained an industrial injury on 4/11/14, relative to a trip and fall. Past medical history was reported positive for hypertension and current smoking. Conservative treatment included diagnostics, chiropractic, acupuncture, and epidural injections. The 5/8/15 treating physician report cited worsening low back and associate leg pain. Physical exam documented antalgic gait and limp, and iliolumbar tenderness. Neurologic exam documented 4/5 great toe extension and ankle eversion weakness, diminished right Achilles reflex, decreased right L5 dermatomal sensation, and positive straight leg raise on the right. There was MRI and CT imaging evidence of severe lateral recess stenosis at L4/5 with significant facet arthropathy and grade 1 spondylolisthesis. The diagnosis included lumbar spinal stenosis, low back pain, and acquired spondylolisthesis. Authorization was requested for right sided L4-5 partial laminectomy and decompression, cold therapy unit, and 1-2 day hospital stay. The 5/14/15 utilization review certified the request for right sided L4/5 partial laminectomy and decompression. The associated request for a cold therapy unit was modified to a 7-day rental of a cold therapy unit generally consistent with guidelines. The request for a 1 to 2 day hospital stay was modified to a 1-day hospital stay consistent with guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: cold therapy unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Harris J, Occupational Medicine Practice Guidelines, 2nd Edition (2004) pages 299, 308, Official Disability Guidelines, Knee Chapter (updated 05/05/15).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, Chapter 12 Low Back Disorders (Revised 2007), Hot and cold therapies, page(s) 160-161.

Decision rationale: The California MTUS are silent regarding cold therapy devices, but recommend at home applications of hot or cold packs. The ACOEM Revised Low Back Disorder Guidelines state that the routine use of high-tech devices for cold therapy is not recommended in the treatment of lower back pain. Guidelines support the use of hot or cold packs for patients with low back complaints. The 5/14/15 utilization review modified this request to allow for 7-day rental of a cold therapy unit. There is no compelling rationale in the absence of guideline support for additional certification. Therefore, this request is not medically necessary.

Associated surgical service: 1-2 day hospital stay: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Chapter (updated 04/29/15) Hospital Length of Stay.

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 $i\frac{1}{2}$ 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 length of stay of a lumbar laminectomy is 2 days. The patient has a hypertension history and is a middle-aged female. This request is consistent with the recommended median length of stay. Therefore, this request is medically necessary.