

Case Number:	CM15-0097753		
Date Assigned:	05/29/2015	Date of Injury:	01/24/2013
Decision Date:	06/30/2015	UR Denial Date:	04/23/2015
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: New York
 Certification(s)/Specialty: Neurological 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 49-year-old male who sustained a work related injury January 24, 2013. Past history included lumbar spine surgery 1994, right shoulder surgery 2008, 2011. An MRI of the lumbar spine, dated April 8, 2015 revealed a large central disc protrusion of 9 mm at the L4-5 level with prominent effacement of the thecal sac and impingement on the traversing L5 and S1 rootlets in the area of the lateral recesses; findings are stable at the L5-S1 level with a 4-5mm of diffuse osteophytic ridging disc bulging and moderate foraminal narrowing where there is contact with both of the exiting L5 rootlets. According to a treating physician's progress report and request for authorization, dated April 20, 2015, the injured worker presented with increasing and intolerable low back pain with radiating pain into the legs with weakness and numbness. Straight leg raise and bowstring are positive bilaterally. He is unable to heel walk and toe walk bilaterally and gait is antalgic. Diagnoses are massive L4/5 herniated nucleus pulposus with instability and recurrent herniated nucleus pulposus L5/S1 with post-laminectomy instability. A request for authorization for anterior lumbar decompression and instrumented fusion L4-5 and L5-S1 with allograft, interbody, was authorized. At issue, is the request for post-operative hot/cold unit and post-operative muscle stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative durable medical equipment (DME) hot/cold therapy unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Spinal fusion Chapter-Heat therapy and cold/heat packs.

Decision rationale: The ODG guidelines do recommend heat therapy as an option. The guidelines do not recommend cold therapy beyond the first few days of acute pain. The guidelines note that heat therapy in addition to exercise is helpful in reduction of pain and a return to normal function. The documentation does not limit the time of the cold therapy and does not mention the addition of exercise. The requested treatment: Post-operative durable medical equipment (DME) hot/cold therapy unit is NOT medically necessary and appropriate.

Post-operative durable medical equipment (DME) muscle stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, post operative pain (transcutaneous electrical nerve stimulation) Page(s): 116-117.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Spinal fusion chapter-neuromuscular electrical stimulators (NMES).

Decision rationale: Neuromuscular stimulators have been recommended in patients with spinal cord injury to stimulate paralyzed or weak muscles in a specific order. This patient has not had a spinal cord injury. They have also been used in patients with temporary extremity immobilization. This patient has not had this situation. The requested treatment: Post-operative durable medical equipment (DME) muscle stimulator is NOT medically necessary and appropriate.