

Case Number:	CM13-0024496		
Date Assigned:	11/20/2013	Date of Injury:	07/15/1999
Decision Date:	04/17/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/16/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Fellowship trained in Spine Surgery and is licensed to practice in Texas and California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 68-year-old male who reported an injury on 07/15/1999. The mechanism of injury was not specifically stated. The patient is diagnosed with lumbar stenosis at L2-3 with radiculopathy. The patient was seen by [REDACTED] on 07/30/2013. It is noted that the patient was authorized to undergo lumbar corrective surgery at L2-3; however, the patient's surgical procedure was delayed secondary to cardiac clearance. Physical examination revealed diminished strength and decreased sensation. Authorization for a lumbar surgical intervention had been provided, and the treatment recommendations were to proceed accordingly. A request for authorization form was submitted by [REDACTED] on 08/19/2013 for a bone growth stimulator and vascultherm unit. The patient underwent a posterior microscopic laminectomy with partial medial facetectomy and neural foraminotomy at L2-3 on 09/30/2013 by [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

BONE GROWTH STIMULATOR FOR 9 MONTHS: 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)

Decision rationale: The Official Disability Guidelines state that a noninvasive or invasive method of electrical bone growth stimulation may be considered medically necessary as an adjunct to spinal fusion surgery for patients with specific risk factors for a failed fusion. There is no documentation of a previously failed spinal fusion, grade III or worse spondylolisthesis, fusion to be performed at more than 1 level, current smoking habit, diabetes, renal disease, alcoholism or significant osteoporosis demonstrated on radiographs. Based on the clinical information received and the Official Disability Guidelines, the patient does not currently meet the criteria for the requested postoperative durable medical equipment. Therefore, the request is non-certified.

VASCUTHERM RENTAL 30 DAYS: 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).

Decision rationale: The Official Disability Guidelines recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures, such as consideration for anticoagulation therapy. Aspirin may be the most effective choice to prevent pulmonary embolism and venous thromboembolism in patients undergoing orthopedic surgery. As per the documentation submitted, there is no indication that this patient is at high risk of developing a postoperative venous thrombosis. There was also no mention of a contraindication to anticoagulation therapy with oral medication prior to the request for a motorized unit. Based on the clinical information received and the Official Disability Guidelines, the request is non-certified.

PNEUMATIC COMPRESSION DEVICE FOR DEEP VEIN THROMBOSIS- 30 DAY RENTAL: 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).

Decision rationale: The Official Disability Guidelines recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures, such as consideration for anticoagulation therapy. Aspirin may be the most effective choice to prevent pulmonary embolism and venous thromboembolism in patients undergoing orthopedic surgery. As per the documentation submitted, there is no indication that this patient is at high risk of developing a postoperative venous thrombosis. There was also no mention of a contraindication to anticoagulation therapy with oral medication prior to the request for a motorized unit. Based

on the clinical information received and the Official Disability Guidelines, the request is non-certified.