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| Case Number: | CM13-0050481 | | |
| Date Assigned: | 03/03/2014 | Date of Injury: | 01/27/2012 |
| Decision Date: | 04/29/2014 | UR Denial Date: | 10/29/2013 |
| Priority: | Standard | Application Received: | 11/13/2013 |

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 Physical Medicine & Rehabilitation, and is licensed to practice in 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 52 year old female who was injured on 01/27/2012. The patient was hit in the back of her left leg by a glass table which propelled her into the air landing in a push up position with her head turned right. She had pain in the neck, back, 2nd and 3rd toes of her right foot, both knees and right hip. Prior treatment history has included physical therapy, trigger injection of the right lower back, right hip injection and cervical and lumbar epidural injections. Her medications include: Aleve, Birth control pill, Losartan, Adderall, Potassium, Soma, Amlodipine, Xanax prn, Maxzide, Naproxen. Diagnostic studies reviewed include EMG/NCV with the following findings Right lumbar radiculitis, L2-3 2 mm bulge with annular tear with mild canal and foraminal stenosis, L3-4 1-2 mm bulge with mild bilateral foraminal stenosis, L5-S1 3 mm disc/osteophyte with mild bilateral foraminal stenosis. An MRI of the lumbar spine dated 06/26/2013 showed multilevel disc bulge with facet arthropathy and mild neural foraminal stenosis. Progress note dated 10/18/2013 documented the patient to have complaints of severe neck, low back and right hip pain. She presents today to discuss further treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OP CONTRAST COMPRESSION UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174.

Decision rationale: This request is for post op compression unit for low back and neck pain. There is no evidence to support the use of a compression device for the documented diagnoses of Cervical strain, Cervical radiculopathy, L5-S1 DDD and collapse, Right lumbosacral radiculopathy, Annular tear at L3-4 and L4-5, Cervical disc disease and stenosis at C4 and C5-6. Based on the lack of evidence to support the use of this device, the request is non-certified.