

Case Number:	CM13-0050810		
Date Assigned:	12/27/2013	Date of Injury:	12/11/2012
Decision Date:	03/11/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Texas. 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 physician 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 44-year-old female who reported a low back injury on 12/11/12 due to positioning a large patient. The patient was treated conservatively. It was ultimately determined that the patient would undergo lumbar discectomy at L5-S1. Physical findings included mild tenderness to palpation along the lower lumbar midline segments, and a positive left-sided straight leg raising test. The patient's diagnoses included low back pain, sciatica, lumbar disc degeneration, and lumbar spinal stenosis. The patient's treatment plan included microlumbar discectomy with intraoperative monitoring and postsurgical use of a Vascutherm cold therapy unit for DVT prophylaxis.

IMR ISSUES, DECISIONS AND RATIONALES

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

SSEP monitoring: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The MTUS/ACOEM does not address this issue, so the Official Disability Guidelines were used instead. The ODG recommends somatosensory evoked potentials (SSEP)

for patients undergoing spinal or intracranial surgeries with a significant risk of complications. The clinical documentation submitted for review does not provide any evidence that the patient's surgical intervention will directly impact the patient's spinal cord, thereby requiring this type of monitoring. Additionally, there is no documentation that the patient is at significant risk for developing complications that would require neurophysiologic monitoring. As such, the request is not medically necessary or appropriate.

Vascutherm cold therapy unit for deep vein thrombosis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The MTUS/ACOEM does not address this issue, so the Official Disability Guidelines were used instead. The ODG recommends compression garments for patients who have periods of immobilization postsurgically. Clinical documentation submitted for review does not provide any evidence that the patient will undergo an extended period of immobilization, as this procedure will be performed on an outpatient basis. Additionally, there is no documentation that the patient needs prophylactic treatment beyond normal compression therapy stockings. As such, the request is not medically necessary or appropriate.