

Case Number:	CM13-0063527		
Date Assigned:	12/30/2013	Date of Injury:	08/04/2008
Decision Date:	04/25/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/09/2013

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 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:

he claimant is a 40-year-old gentleman who injured his cervical, thoracic, and lumbar spines as a result of cumulative trauma in a work related accident on August 4, 2008. In the records provided for review there is also documentation of secondary complaints of sexual dysfunction, sleep disturbance and headache. In the clinical records for review the working diagnosis of failed lumbar fusion, L4 through S1 in March 2011, was noted. At present, there are documented continued complaints of discomfort. The clinical assessment on November 5, 2013 documented continued complaints of pain despite surgery with physical examination of restricted range of motion and full neurologic findings. The claimant was diagnosed with "backache". Revision fusion procedure was recommended due to spondylolisthesis, status post prior fusion with continued and residual pain. It is not clear by the clinical records where the surgical process has taken place. The current request is for a 30 day rental of a VascuTherm cold compressive unit, a TENS unit purchase and a lumbar kit.

IMR ISSUES, DECISIONS AND RATIONALES

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

DECISION FOR VASCUTHERM COLD COMPRESSION UNIT 30 DAY RENTAL:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation ODG Low Back (updated 10/09/13), Cryotherapy, Cold/heat packs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Treatment in Worker's Comp, 18th edition, 2013 Updates: Chapter low back: Cryotherapy: Cold/heat packs.

Decision rationale: The CA MTUS and ACOEM Guidelines are silent. When looking at Official Disability Guidelines, cryotherapy devices to the lumbar spine are not recommended. It is unclear in this case whether the claimant's revision fusion procedure has taken place. There would however be no indication for 30 day rental of a cryotherapy device for which ODG Guidelines would not support. Therefore the request for Vascutherm cold compression unit 30 day rental is not medically necessary and appropriate.

DECISION FOR TENS UNIT PURCHASE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, post-operative pain (Transcutaneous electrical nerve stimula.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Transcutaneous electrical nerve stimulation (TENS) / Transcutaneous electrotherapy) Page(s): 11.

Decision rationale: Based on CA MTUS Chronic Pain Guidelines, TENS unit purchase in the immediate postoperative setting would also not be indicated. The claimant's current clinical picture is not clear but the documentation indicates that the request for surgery has been recommended. There would be no indication for the need of this device in the acute postoperative setting from the records available for review. As such the request for TENS unit purchase is not medically necessary and appropriate.

LUMBAR KIT PURCHASE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure, Durable medical equipment (DME).

Decision rationale: The CA MTUS and ACOEM Guidelines are silent. When looking at Official Disability Guidelines, the DME device in the form of a lumbar "kit" would not be indicated. The specific need for this device in the postoperative setting of a revision fusion would not be supported when compared to more first-line therapeutic treatment including formal physical therapy and home exercises alone. Therefore the request for Lumbar Kit purchase is not medically necessary and appropriate.