

Case Number:	CM13-0067685		
Date Assigned:	01/03/2014	Date of Injury:	09/23/2011
Decision Date:	05/23/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/18/2013

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 and Rehabilitation, has a subspecialty in Pain Medicine, 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 58 year old male who was injured on 9/23/11 while he was walking behind a CAT rubber tire loader; the grade was very up and down with vertical cuts. He could not complete the day because he developed severe back pain. The patient underwent a lumbar transforaminal epidural steroid injection at L4 and L5 on the right side on 5/22/2013 and lumbar spine surgery on 10/19/11. An electromyogram dated 10/30/13 was abnormal. There is decreased recruitment pattern and decreased number of voluntary motor unit potential in the right extensor digitorum brevis compatible with either right L5 radiculopathy or right peroneal neuropathy. It should be noted that there was no evidence of active ongoing denervation; that is, spontaneous positive sharp waves and fibrillations were not observed. Nerve conduction study shows an abnormal study revealing decreased amplitude of compound muscle action potential of right peroneal nerve compatible with either right L5 radiculopathy or right peroneal neuropathy with features of axonal degeneration. Nerve conduction study of the left peroneal nerve, posterior tibial nerves bilaterally and sural nerve bilaterally was within normal limits. H-Reflex study shows a normal H-reflex bilaterally. MRI of the lumbar spine dated 8/7/13 shows evidence of right-sided L4-5 hemilaminotomy with recurrent disc herniation on the right side at L4-L5 as well as broad-based disc bulge at L3-L4 causing stenosis at L3-L4 and L4-L5. An office note dated 11/6/13 documents that the patient has chronic sprain/strain of thoracolumbosacral spine and associated musculoligamentous structures. There is an indication of herniated lumbar disc at L4-L5 with radiculopathy. A follow-up report dated 10/28/13 reports that the patient is having more pain to his legs and difficulties standing and walking because of numbness around his buttock and legs. He has no complaints of bowel incontinence. On exam, he has a healed lumbar spine surgical scar. He has decreased range of motion of lumbosacral spine. There is decreased sensation in bilateral L4 and L5 distribution. Straight leg raise does cause back pain and buttock

pain bilaterally. The patient is diagnosed with L3-L4, L4-L5 stenosis with neurogenic claudication.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMBO CARE 4 ELECTROTHERAPY: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-115.

Decision rationale: According to the California MTUS guidelines, a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for condition such as neuropathic pain. The medical records document that the patient had complained of low back pain and difficulty standing. An MRI dated 8/7/2013 revealed recurrent disc herniation on the right side at L4-L5 as well as broad-based disc bulge at L3-L4 causing stenosis at L3-L4 and L4-L5. Records indicate difficulty with walking, numbness in the buttocks, and associated urinary retention. In the absence of documented one-month home-based trial of TENS, the request is not medically necessary.

DEEP VEIN THROMBOSIS PROPHYLAXIS: 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 California MTUS guidelines have not addressed the issue at dispute; as such, alternate guidelines were consulted. According to the Official Disability Guidelines, venous thrombosis evaluation is recommended to identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. Minor injuries in the leg are associated with greater risk of venous thrombosis. The relative risk for venous thrombosis is threefold greater following minor injury, especially if injury occurs in the 4 weeks prior to thrombosis, is located in the leg, and involves multiple injuries or rupture of muscle or ligament. The medical records document the patient had complained of low back pain and difficulty of standing. MRI dated 8/7/2013 revealed recurrent disc herniation on the right side at L4-L5 as well as broad-based disc bulge at L3-L4 causing stenosis at L3-L4 and L4-L5. The records indicate difficulty with walking, numbness in the buttocks, and urinary retention. As the request has not addressed which type of prophylactic measure is needed for this patient, the request is not medically necessary according to the guidelines.

THERMOCOOL HOT AND COLD CONTRAST THERAPY WITH COMPRESSION:
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 California MTUS guidelines have not addressed the issue of the dispute; as such, alternate guidelines were consulted. According to the Official Disability Guidelines, compression cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. The medical records document the patient had complained of low back pain and difficulty of standing. An MRI dated 8/7/13 revealed recurrent disc herniation on the right side at L4-L5 as well as broad-based disc bulge at L3-L4 causing stenosis at L3-L4 and L4-L5. The records indicate difficulty with walking, numbness in the buttocks, and urinary retention. As the records have not revealed any recent surgical intervention, the request is not medically necessary according to the guidelines.