MAXIMUS Federal Services

Case Number:	CM14-0004821		
Date Assigned:	01/24/2014	Date of Injury:	07/01/2010
Decision Date:	06/19/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	01/10/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 48-year old male who has submitted a claim for progression of stenosis at L2-L3, weakness of iliopsoas bilaterally, and ongoing sensorial disturbances bilaterally at L2, associated with an industrial injury date of July 1, 2010. Medical records from 2013 were reviewed, which showed that the patient complained of bilateral leg pain with difficulty with walking long distances and getting out of the car. On physical examination, gait was slow. There was questionable weakness of the iliopsoas with decreased sensation of the L2 dermatome bilaterally. The treatment to date has included medications, lumbar epidural injections, cervical facet nerve block, C5-C7 fusion surgery (August 22, 2011), L3-S1 fusion surgery (March 26, 2012), bone growth stimulator, and physical therapy. The utilization review from December 12, 2013 denied the request for Vascutherm intermittent PCD for DVT x 30 days device provides heat cold without ice compression and/or DVT prophylaxis therapy because there was no rationale identifying why a cryotherapy unit would be insufficient and bone growth stimulator x 9 months because risk factors for failed fusion were not identified.

IMR ISSUES, DECISIONS AND RATIONALES

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

VASCUTHERM INTERMITTENT PCD FOR DVT X 30 DAYS DEVICE PROVIDES HEAT COLD WITHOUT ICE COMPRESSION AND/OR DVT PROPHYLAXIS THERAPY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Game Ready Accelerated Recovery System

Decision rationale: California MTUS does not specifically address combined continuous-flow cryotherapy and vasocompression. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that accelerated recovery systems are recommended as an option after surgery. While there are studies on continuous-flow cryotherapy, there are no published high quality studies on combined systems. In this case, the patient was recommended for decompression surgery at L2-L3. However, the medical records did not provide a rationale for the use of this device despite lack of quality studies supporting its use. Furthermore, there was no discussion regarding the indication for a combined system when a continuous-flow cryotherapy device would be sufficient as recommended by guidelines. It is unclear why DVT prophylaxis with medication would not be sufficient. Therefore, the request for Vascutherm intermittent PCD for DVT x 30 days device provides heat cold without ice compression and/or dvt prophylaxis therapy is not medically necessary.

BONE GROWTH STIMULATOR X 9 MONTHS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg, Criteria for Use for Invasive or Non-invasive Electrical Bone Growth Stimulator

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Bone Growth Stimulators (BGS)

Decision rationale: California MTUS does not specifically address bone growth stimulators. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that bone growth stimulation may be considered medically necessary as an adjunct to spinal fusion surgery for patients with any of the following risk factors for failed fusion: previous failed spinal fusion, grade III spondylolisthesis, fusion to be performed at more than one level, current smoking habit, diabetes, renal disease, alcoholism, or significant osteoporosis. In this case, the patient was recommended for decompression surgery at L2-L3. However, the medical records failed to provide evidence of the presence of specific risk factors for failed fusion. Therefore, the request for bone growth stimulator x 9 months is not medically necessary.