MAXIMUS Federal Services

Case Number:	CM14-0123319		
Date Assigned:	09/16/2014	Date of Injury:	03/12/2011
Decision Date:	12/26/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/05/2014

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 Physical Medicine and 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 underlying date of injury in this case is 03/12/2011. The treating diagnosis is lumbar spondylolisthesis. The initial mechanism of injury was a slip and fall when the patient was carrying 140 pounds of wood. The patient was ultimately found to have bilateral L5 radiculopathy as based on electrodiagnostic evaluation of 01/01/2014 and L5-S1 spondylolisthesis on MRI evaluation of 10/11/2013. On 05/14/2014, the treating physician discussed with the patient failure of extensive prior conservative treatment. As of 06/21/2014, the patient indicated a desire to proceed with the recommended fusion surgery. An initial physician review of 07/30/2014 certified a request for an L4-S1 fusion with non-certification of the request for bone stimulator, back brace, and Vascu therm DVT unit. That review indicated that the Official Disability Guidelines and the California Medical Treatment Utilization Schedule did not support an indication for a bone growth stimulator or lumbar back brace or Vascu-therm DVT unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment: purchase of Post-Operative External Bone Growth Stimulator: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition(web), Low Back-Bone Growth Stimulators.

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, Bone Growth Stimulators.

Decision rationale: The Official Disability Guidelines/Treatment in Workers Compensation/Low Back, discuss bone growth stimulators, stating that case-by-case recommendations are necessary as only limited evidence exists for improving the fusion rate of spinal fusion surgery in high-risk cases. The medical records do not contain discussion of the specific risk factors requiring a bone growth stimulator in this case. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.

Durable Medical Equipment: Lumbar Back Brace: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition(web), Knee and Leg.

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, Lumbar Supports

Decision rationale: The Official Disability Guidelines/Treatment in Workers Compensation/Low Back discuss lumbar supports. This guideline in general states that a support is not recommended for prevention but does discuss a lumbar support is recommended for treatment of spondylolisthesis and for postoperative treatment. Both of these factors apply in this case in a patient for whom a back brace has been requested postoperatively after lumbar fusion for spondylolisthesis. Thus, this request is medically necessary.

Durable Medical Equipment: rental of Vascu-Therm DVT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate.com:Prevention of venous thromboembolic diseasese in surgical patients. Author: Menaka Pai,Md assistant Professor, Hematology and Thromboembolism, McMaster University.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS Official Disability Guidelines (ODG), Knee, Venous Thrombosis Prophylaxis.

Decision rationale: The Official Disability Guidelines/Treatment in Workers Compensation discuss venous thrombosis prophylaxis in the setting of the knee, stating that the guidelines recommend identifying subjects at high risk of deep vein thrombosis. The records in this case do not discuss the specific risk factors requiring at-home durable medical equipment for deep vein thrombosis prophylaxis. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.