

Case Number:	CM14-0164681		
Date Assigned:	10/09/2014	Date of Injury:	10/11/2013
Decision Date:	11/25/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/07/2014

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 Orthopedic Spine Surgeon 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 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 injured worker is 59-year-old female who reported an injury on 10/11/2013. The mechanism of injury was not provided. On 07/09/2014, the injured worker presented for a left sided interlumbar laminotomy, medial facetectomy, foraminotomy, and microdiscectomy at the left side on L4-5. The diagnoses were left sided L4-5 herniated nucleus pulposus with stenosis and left lower extremity radiculopathy. The injured worker presented with back pain, left lower extremity radicular pain, and failure of nonoperative treatments. The procedure was performed and the patient was in stable condition post procedure. The provider recommended an inter limb compress device; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inter Limb Compress Device #3 with Pair of Cuffs/Wraps Full or Calf; Lumbar Spine:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines Knee and Leg 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 and Leg, Compression Garments.

Decision rationale: The request for inter limb compress device #3 with pair of cuffs/wraps full or calf; lumbar spine is not medically necessary. The Official Disability Guidelines recommend compression garments. There is good evidence for the use of compression but little is known about dosimetry in compression, for how long and at what level compression should be applied. The clinical notes submitted for review was an operative report. There was no documentation of significant risk factors for DVT (deep vein thrombosis) or any information as to why the injured worker would require 3 units over a rental. The provider's rationale was not provided. As such, medical necessity has not been established.