

Case Number:	CM14-0173993		
Date Assigned:	10/27/2014	Date of Injury:	08/26/2009
Decision Date:	12/12/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/22/2014

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, has a subspecialty in Interventional Spine 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 46 year old male with an injury date of 08/26/09. Based on the 08/04/14 progress report provided by [REDACTED], the patient complains of low back pain. Patient describes the pain to be similar to the pain he felt prior to his last lumbar facet rhizotomy completed on 01/20/14, which gave him greater than 6 months pain relief of up to 60% improvement. Physical examination to the lumbar spine revealed muscle rigidity and moderate pain over the lower lumbar facets at L4-L5 and L5-S1. Facet loading caused pain bilaterally. Patient medications include Norco, Zanaflex, Naprosyn and Lidoderm patch. Patient is continuing home walking and range of motion exercises. Treater is requesting authorization for repeat lumbar facet rhizotomy bilateral L4-L5 and L5-S1. Per operative report, repeat bilateral L3-4, L4-5, and L5-S1 medial branch radiofrequency rhizotomy performed on 09/15/14. Diagnosis 08/04/14, status post head trauma 1999 with chronic left hemiparesis, spastic gait, equinus deformity, and footdrop, left knee internal derangement, status post left knee arthroscopy June 2010, bilateral lower lumbar facet arthropathy. [REDACTED] is requesting Intermittent Cold Therapy Limb Compression with DVT Prevention One Month Rental. The utilization review determination being challenged is dated 09/24/14. The rationale is: "reviewer called the requesting provider, [REDACTED], who noted that the patient did not require this device at this time, and did not recall ordering it or think it was necessary." [REDACTED] is the requesting provider and he provided treatment reports from 06/29/11 - 09/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intermittent cold therapy limb compression with DVT Prevention one month rental.:

Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) US Department of Health and Human Services, National Guideline Clearinghouse

Decision rationale: The patient presents with low back pain. The request is for INTERMITTENT COLD THERAPY LIMB COMPRESSION WITH DVT PREVENTION ONE MONTH RENTAL. Patient describes the pain to be similar to the pain he felt prior to his last lumbar facet rhizotomy completed on 01/20/14, which gave him greater than 6 months pain relief of up to 60% improvement. Patient's diagnosis on 08/08/14 included bilateral lower lumbar facet arthropathy and left knee internal derangement. MTUS is silent regarding request. ODG addresses request in regards to the lower extremity. However, per "US Department of Health and Human Services," National Guideline Clearinghouse, (<http://www.guideline.gov/content.aspx?id=14724>): "Recommendations for Appropriate Antithrombotic Therapies in Spine Surgeries. A. Efficacy of Antithrombotic Therapies: Do prophylactic antithrombotic measures, including compression stockings, mechanical sequential compression devices and chemoprophylaxis medications, decrease the rate of clinically symptomatic deep vein thrombosis (DVT) and/or pulmonary embolism (PE) (including fatal pulmonary embolism) following elective spinal surgery? Mechanical compression devices in the lower extremities are suggested in elective spinal surgery to decrease the incidence of thromboembolic complications. Grade of Recommendation: B Thrombosis embolic deterrent (TED) stockings in combination with acetylsalicylic acid (ASA) are an option in elective spinal surgery to decrease the incidence of thromboembolic complications. Grade of Recommendation: I (Insufficient Evidence) Most commonly-performed elective spine surgeries done through a posterior approach are associated with a very low risk of venous thromboembolism (VTE). Per progress report dated 08/04/14, treater requested authorization for repeat lumbar facet rhizotomy bilateral L4-L5 and L5-S1. It may be that the cold therapy unit was requested for post-procedure recovery. The treater does not document reason for the request. Patient's risk for venous thromboembolism was not provided, either and RF ablation procedure typically does not require post-operative care. Per operative report, repeat bilateral L3-4, L4-5, and L5-S1 medial branch radiofrequency rhizotomy performed on 09/15/14. Furthermore, per UR letter dated 09/24/14, "reviewer called the requesting provider, [REDACTED], who noted that the patient did not require this device at this time, and did not recall ordering it or think it was necessary." It appears treater intended use of device postoperatively, but did not need it. Recommendation is for denial.