

Case Number:	CM14-0185358		
Date Assigned:	11/13/2014	Date of Injury:	11/29/2012
Decision Date:	12/23/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	11/06/2014

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 & 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 59 years old male with an injury date of 11/29/12. Based on 08/05/14 progress report, the patient complains of severe low back pain with bilateral lower extremity radiculopathy to dorsum feet. The lower extremity pain is greater on left than right with increasing weakness. Physical examination reveals a positive straight leg raise with left greater than right along with anterior tibialis weakness at 4/5. Progress report dated 05/13/14 reveals decreased sensation in dorsum foot bilaterally. As per orthopedician's report dated 05/22/14, the patient's pain is becoming quite debilitating. He is also experiencing numbness that comes down into the dorsal aspect of his feet bilaterally. Physical examination reveals tenderness to palpation along the posterior healed incision on the back at L4-5. The patient also suffered from neck pain, left arm pain, and numbness in the left hand, as per AME report dated 04/19/14. List of medications include Tramadol and Omeprazole, as per progress report dated 08/05/14. Progress report dated 05/22/14 states that the patient has tried conservative therapy and "he is not improving with these measures." The patient underwent left-sided L4-L5 revision lateral recess decompression, left-sided L4-L5 foraminal decompression, and the right side lateral recess decompression on 09/17/14, as per the orthopedic postoperative note. The patient received Cortisone injection for the neck pain, as per AME report dated 04/09/14. MRI of the Lumbar Spine on 09/09/14: - Mild disc desiccation and mild Schmorl's node formation at L--L2.- Mild disc desiccation and slight annular bulging at L2-L3.- Disc desiccation and small Schmorl's node formation along with mild facet arthropathy and minimal thickening of the ligamentum flavum with minimal central canal stenosis at L3-L4.- Status prior left laminectomy. There is minimal marginal osseous ridging without evidence of lateral stenosis and mild bilateral facet arthropathy at L4-L5- Mild findings of spondylosis at the lumbar motion segments. Diagnosis on 05/22/14:-

Lumbago- Lumbar radiculopathy- Cervicalgia- Cervical radiculopathy The treater is requesting for (a) COMPRESSION DEVICE FOR 30 DAY RENTAL (b) COMPRESSION BACK WRAP (c) BACK BRACE. The utilization review determination being challenged is dated 10/09/14. The rationale follows:(a) COMPRESSION DEVICE FOR 30 DAY RENTAL - "The documentation does not reflect that the DME is clinically appropriate, in terms of type, quantity, frequency, extent, site and duration and is considered effective for the individual's illness, injury, or disease." (b) COMPRESSION BACK WRAP - "There is no documentation regarding current functional deficit to support this request."(c) BACK BRACE - "There is no documentation regarding current functional deficit to support this request."Treatment reports were provided from 04/09/14 - 11/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compression device for 30 day rental: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue cross of California medical policy durable medical equipment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Knee & Leg under venous thrombosis

Decision rationale: The patient is status left-sided L4-L5 revision lateral recess decompression, left-sided L4-L5 foraminal decompression, and the right side lateral recess decompression, as per operative report dated 09/17/14, and complains of severe low back pain with bilateral lower extremity radiculopathy to dorsum feet and increasing weakness, as per progress report dated 08/05/14. The request is for COMPRESSION DEVICE FOR 30 DAY RENTAL. None of the reports provided explain what this unit is, whether or not it is a continuous flow cold device, or a device for DVT prophylaxis. Per ODG guidelines, Chapter Knee & Leg under venous thrombosis, "Risk factors for venous thrombosis include immobility, surgery, and prothrombotic genetic variants. Studies have addressed the risk for thrombosis following major injury, and minor events, including travel, minor surgery, and minor trauma, are linked to a 3-fold increased risk for venous thrombosis. Venothromboembolism (VTE) is an important condition in hospitalized patients accounting for significant morbidity and mortality. Those at high risk should be considered for anticoagulation therapy during the post-hospitalization period. (Yale, 2005) Aspirin may be the most effective choice to prevent pulmonary embolism (PE) and venous thromboembolism (VTE) in patients undergoing orthopaedic surgery, according to a new study examining a potential role for aspirin in these patients. Patients who received aspirin had a lower VTE risk score than the patients who received warfarin. Patients who received aspirin had a much lower use of sequential compression devices than high-risk patients, but even aspirin patients should receive sequential compression as needed." In this case, the patient has already undergone left-sided L4-L5 revision lateral recess decompression, left-sided L4-L5 foraminal decompression, and the right side lateral recess decompression. The ODG guidelines recognize DVT risk factor as orthopedic surgery and hospitalization which this patient recently underwent.

The use of compression device appears supported, although duration of use is not mentioned in ODG. The request is medically necessary.

Compression back wrap: 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 (ODG) chapter 'Low Back Pain, Lumbar Supports'

Decision rationale: The patient is status left-sided L4-L5 revision lateral recess decompression, left-sided L4-L5 foraminal decompression, and the right side lateral recess decompression, as per operative report dated 09/17/14, and complains of severe low back pain with bilateral lower extremity radiculopathy to dorsum feet and increasing weakness, as per progress report dated 08/05/14. The request is for COMPRESSION BACK WRAP. ODG Guidelines, chapter 'Low Back Pain' and Title 'Lumbar Supports' state that lumbar supports such as compression back wraps are "recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option)." In this case, the patient suffers from low back pain and lower extremity radiculopathy that is not related to compression fractures or spondylolisthesis. The use of lumbar supports such as compression back wraps has not been proven for the management of post-operative pain. The request is not medically necessary.

Back brace: 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 (ODG) chapter 'Low Back Pain, Lumbar Supports'

Decision rationale: The patient is status left-sided L4-L5 revision lateral recess decompression, left-sided L4-L5 foraminal decompression, and the right side lateral recess decompression, as per operative report dated 09/17/14, and complains of severe low back pain with bilateral lower extremity radiculopathy to dorsum feet and increasing weakness, as per progress report dated 08/05/14. The request is for BACK BRACE. ODG Guidelines, chapter 'Low Back Pain' and Title 'Lumbar Supports' state that lumbar supports such as back braces are "recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option)" In this case, the patient suffers from low back pain and lower extremity radiculopathy that is not related to compression fractures or spondylolisthesis. The use of lumbar supports such as back braces has not been proven for the management of post-operative pain. The request is not medically necessary. In this case, the patient suffers from low back pain and lower extremity

radiculopathy that is not related to compression fractures or spondylolisthesis. The use of lumbar supports such as back braces has not been proven for the management of post-operative pain. Recommendation is denial.