

Case Number:	CM14-0037294		
Date Assigned:	06/25/2014	Date of Injury:	08/01/2012
Decision Date:	07/23/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/27/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 34 year old female who was injured on 8/1/12. She was diagnosed with lumbar spondylolisthesis, lumbar radiculopathy and disc herniation. Her medical history also included cervical cancer (status post chemotherapy and radiation therapy), no smoking or alcohol use history. She was treated with conservative therapies and failed to improve, so she was recommended surgery on her lower back. She on 2/27/14 underwent lumbar fusion surgery. Upon discharge home, she was recommended a bone stimulator device and a Vascutherm DVT unit rental for home use, although it is unclear as to why these specifically were recommended to her. After rehabilitation she was sent home and used was able to walk and use a wheelchair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective date of service of 2/27/2014, DME: 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, Treatment of Workers' Compensation, Low Back Procedure, Electrical Bone Growth Simulation.

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 section, Bone growth stimulators (BGS).

Decision rationale: The MTUS is silent on bone growth stimulator usage. The ODG states that bone growth stimulators (BGS) used after spinal fusion surgery have conflicting evidence so far. Criteria, however, was recommended to be used. To warrant BGS, patients must have the following risk factors for failed fusion: one or more previously failed fusions, grade III or worse spondylolisthesis, fusion to be performed at more than one level, current smoking habit, history of diabetes, kidney disease, or alcoholism, or significant osteoporosis demonstrated on radiographs. Upon reviewing the records provided, the worker didn't seem to qualify for this device when using these criteria above, therefore, the BGS is not medically necessary.

Retrospective date of service of 2/27/2014, DME: Vascutherm DVT Rental 14 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Vascutherm DVT Rental: Spine (Phila, PA 1976). 2013 Jan 15. The Incidence and Mortality of Thromboembolic Events in Lumbar Spine Surgery.

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 section, Cold/Heat packs, Knee and Leg section, Venous thrombosis.

Decision rationale: The MTUS Guidelines are silent on the use of this particular device. The ODG, however discusses cold therapy may be indicated for the first few days following acute injury or surgery. The ODG also separately recommended providing prophylactic measures such as consideration for anticoagulation therapy for those at high risk of deep vein thrombosis. If the patient is immobile and unable to walk and is at high risk of deep vein thrombosis, then other passive methods such as alternating compression therapy in the legs may further reduce risk of deep vein thrombosis. A device such as the Vascutherm combines the use of leg compression for deep vein thrombosis prophylaxis as well as cold therapy to the spine. It is not clear as to which of these functions or both were recommended to her. Less expensive methods for cold therapy could be used and are just as effective. There was not any evidence found in the notes provided for review as to why the worker needed a leg compression device for home use and why this particular device was superior to other devices or strategies. Without this documentation to help justify its use, the Vascutherm device is not medically necessary.