

Case Number:	CM14-0042376		
Date Assigned:	06/30/2014	Date of Injury:	12/08/2009
Decision Date:	08/27/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/08/2014

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 Nevada. 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 records presented for review indicate that this 42-year-old female was reportedly injured on December 8, 2009. The mechanism of injury is not listed in the records reviewed. The most recent progress note dated February 14, 2014, indicates there are postoperative complaints of low back pain. The injured employee's one-week status post low back surgery and states "she feels better than before surgery." Current medications include Norco, Soma, and Senna. Diagnostic imaging studies of the lumbar spine showed a disc protrusion at L4/L5 indenting the thecal sac and abutting the right L5 nerve root as well as the right L4 nerve root. Previous treatment includes lumbar spine surgery performed February 5, 2014, right shoulder surgery, epidural injections, physical therapy, and pain management. A request for a deep vein thrombosis (DVT) prevention system, a cold therapy recovery system with wrap, a Pro Stimulator Unit with three months of supplies, and an Apollo Lumbar Sacral Orthotic (LSO) Brace was non-certified in the pre-authorization process on March 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: Q-Tech DVT Prevention System: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines: 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): Knee and Leg, Venous Thrombosis, Updated June 5, 2014.

Decision rationale: It is unclear why there is a request for postoperative use of a deep vein thrombosis (DVT) prevention system when the injured employee is ambulatory after lumbar spine surgery. Without additional justification, this request for a Q-tech deep vein thrombosis (DVT) prevention system is not medically necessary.

DME: Q-Tech Cold Therapy Recovery System with wrap: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic).

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 and Thoracic, Cold/Heat Packs, Updated July 3, 2014.

Decision rationale: Continuous flow cryotherapy units are recommended postoperatively for knee and shoulder surgery to help reduce swelling, pain, and medication usage. However, there is no indication for this for the lumbar spine. According to the Official Disability Guidelines, cold/heat packs are recommended as an option for acute pain but only for a few days' time. Therefore, this request for a Q tech cold therapy recovery system with wrap is not medically necessary.

DME: Pro-Stim 5.0 plus 3 month supplies: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, the use of an interferential current stimulator is indicated in the postoperative setting where pain limits the ability to perform exercise and physical therapy. As the injured employee has had recent lumbar spine surgery, this request for a Pro-Stimulator Unit and three months of supplies is medically necessary.

DME: Apollo LSO Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic).

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 and Thoracic, Lumbar Support, Updated July 3, 2014.

Decision rationale: According to the Official Disability Guidelines, the use of a lumbar support is not indicated for prevention and only for a treatment option for compression fractures, spondylolisthesis, or documented instability. A lumbar support is under study for postoperative use but only for individuals undergoing a fusion. Therefore, this request for an Apollo Lumbar Sacral Orthotic (LSO) brace is not medically necessary.