

Case Number:	CM14-0051577		
Date Assigned:	07/07/2014	Date of Injury:	07/22/2013
Decision Date:	08/08/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/19/2014

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 Occupational Medicine 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 injured worker is a male with a date of injury of 7/22/2013. Per an office visit note dated 1/14/2014, the injured worker had an MRI of the thoracic and lumbar spine. There is evidence of some cervical degenerative disc disease at C5-6 and C6-7 on the MRI of the thoracic spine. The MRI of the lumbar spine demonstrates an increased signal in the interspinous ligament. On examination he has a negative straight leg raise. He has good strength and sensation is intact in the lower extremities. He has point tenderness over the T12-L1 area. Diagnoses include 1) history of polytrauma related to fall, 2) ruptured interspinous ligament T12-L1 with kyphosis, 3) L1 compression/burst fracture.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Day Rental of a Vascutherm Intermittent PCD for DVT: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Cold/heat packs.

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 chapter, Venous Thrombosis section.

Decision rationale: The ODG recommends identifying subjects who are at high risk of developing venous thrombosis and providing prophylactic measures. Mechanical methods do reduce the risk of deep vein thrombosis, but there is no evidence that they reduce the main threat, the risk of pulmonary embolism, fatal pulmonary embolism, or total mortality. In contrast, pharmacological methods significantly reduce all of these outcomes. There are options of pharmacological methods that are used post-surgically; however, the requesting physician is the surgeon that performed the spine surgery. The injured worker has multiple traumatic injuries status post falls, and is being seen by another orthopedic surgeon for other surgeries that may be complicated by pharmacological methods. The use of pneumatic compression for DVT prophylaxis is reasonable and is supported by the ODG despite other recommendations of pharmacological methods. The request is determined to be medically necessary.

Trunk Wrap: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Cold/heat packs.

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 chapter, Back Brace, Pos-Operative (Fusion) section.

Decision rationale: The ODG recommends the use of a standard back brace following fusion surgery over a custom post-op brace. The practice of using a back brace post-op fusion surgery may be tradition, and therefore may depend on the experience of the treating physician. The requesting physician is the surgeon that performed the spine surgery. The request for a trunk wrap is determined to be medically necessary and appropriate.