

Case Number:	CM14-0056680		
Date Assigned:	07/09/2014	Date of Injury:	06/14/2013
Decision Date:	09/18/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/28/2014

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 Pain Management 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:

This is a male patient with a date of injury of June 14, 2013. A utilization review determination dated April 4, 2014 recommends noncertification of a compression unit 30 day rental, pad, DVT wraps; this request was modified to a 10 day rental. A progress note dated January 17, 2014 identifies subjective complaints of confirmed discopathy at L5 - S1 with disk defecation and bilateral foraminal narrowing. Physical examination of the lumbar spine identifies tenderness and muscle spasm of the lumbar spine, the patient's spine is twisted toward the right side, the patient is unable to put full pressure on his left lower extremity, lumbar spine range of motion is 10 with forward flexion and nil with extension, the patient gait is wide based, he has a limp and he is antalgic on the left side, the patient is unable to walk on toes and heels due to pain and weakness in both lower extremities, bilateral lower extremity strength is 4/5, deep tendon reflexes are 2+ at quadriceps and achilles tendon, straight leg raise is 80 bilaterally, and sensation is within normal limits in bilateral lower extremities. Diagnoses included discopathy, spondylolisthesis and pars defect at L5 - S1 with broad-based protrusions and foraminal stenosis at L5 - S1. The treatment plan recommends an anterior lumbar interbody fusion L5-S1 and a posterior spinal fusion (L5 - S1 with decompression), request for a 3 to 5 day length inpatient hospital stay at Olympia medical Center, vascular surgeon request, request for an assistant surgeon, request for preoperative clearance, request for a lumbar back brace, request for bone growth stimulator, and a request for an iceless cold compression therapy unit for 14 days. An operative report dated March 4, 2014 identifies an anterior L5 - S1 discectomy, decompression, and fusion; also a posterior spinal fusion L5 - S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compression Unit 30 Day Rental, Pad, DVT wraps: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - Knee and Leg Chapter.

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

Decision rationale: Regarding the request for compression unit 30-day rental, pad, and DVT wraps. Occupational Medicine Practice Guidelines do not address the issue. ODG recommends identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. Guidelines suggest that VTE prophylaxis is needed for inpatients undergoing many orthopedic-, general-, and cancer-surgery procedures and should be given for at least seven to 10 day Within the medical information made available for review, there is documentation that the patient underwent an anterior-posterior lumbar fusion. However, there is no documentation that patient is at a high risk of developing venous thrombosis. Additionally, there is no statement indicating why a 30-day rental would be needed as opposed to the 7-10 days recommended by guidelines. In the absence of such documentation, the currently requested compression unit 30-day rental, pad, and DVT wraps are not medically necessary.