

<b>Case Number:</b>	CM14-0058922		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	12/12/2011
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	04/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2014

### 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 Orthopedic Surgery and is licensed to practice in New York. 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 has a date of injury in 2001. He has chronic back pain and had prior laminectomy at L4-5. He was diagnosed with herniated disc and spinal stenosis. Physical exam shows absent reflexes in the lower extremities with decreased sensation in the L4-L5 and S1 distributions. The patient has weak left ankle dorsiflexion. He also has reported incontinence. At the recommendation of the patient's surgeon, lumbar decompression and fusion is medically necessary. This would be revision surgery. The medical records do indicate that surgery has been recommended. At issue is whether pneumatic compression devices and cold therapy unit aren't needed after surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pneumatic Intermittent Compression Device:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Durable Medical Equipment (DME)

**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

**Decision rationale:** Guidelines do not support the use of pneumatic compression devices after lumbar spine surgery. Compression units are not appropriate for DVT prophylaxis as this is done with oral or intramuscular anticoagulants. Pneumatic compression devices are not medically necessary and guidelines for pneumatic compression devices are not met. Therefore, this request is not medically necessary.

**Cold Therapy Unit - 30 day rental:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG), Durable Medical Equipment (DME)

**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

**Decision rationale:** Guidelines do not support the use of cold therapy after lumbar surgery. Cold therapy has not been shown to improve outcomes of the lumbar surgery. Therefore, a Cold therapy unit rental is not medically necessary.