

Case Number:	CM14-0059449		
Date Assigned:	07/09/2014	Date of Injury:	08/01/2003
Decision Date:	09/05/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/30/2014

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 47 year old male with date of injury 11/12/2009. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 03/18/2014, lists subjective complaints as pain in the low back that radiates down the bilateral legs. Objective findings: Examination of the lumbar spine revealed 2+ spasm and tenderness to palpation of the paravertebral muscles. Deep tendon reflexes were equal and symmetric at the knees and ankles. Motor strength was 5/5 right extensor hallucis longus. Sensation was decreased to light touch and pinprick in the L5 dermatome on the right. Straight leg test was positive on the right. Patient is status post microdiscectomy. MRI of the lumbar spine showed what appears to be a recurrent herniated disc at L4-5 that is right sided. The orthopedic surgeon had requested authorization for a 360 fusion at L4-5. Previous treatments to date include three epidural steroid injections, acupuncture, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

DVT care/personal circulation assistant x 30 day rental: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical

Evidence: Blue Cross/Blue Shield; Outpatient Use of Limb Pneumatic compression Devices for Venous Thromboembolism Prophylaxis; Policy #: 515, Latest Review Date: August 2013.

Decision rationale: Outpatient use (no more than 14 days) of limb pneumatic compression devices for venous thromboembolism prophylaxis after major orthopedic surgery meets Blue Cross and Blue Shield medical criteria for coverage in patients with a contraindication to pharmacological agents (i.e., at high-risk for bleeding). Outpatient use of limb pneumatic compression devices for venous thromboembolism prophylaxis after major orthopedic surgery does not meet Blue Cross and Blue Shield medical criteria for coverage and is considered investigational in patients without a contraindication to pharmacological prophylaxis. The ACCP guidelines on prevention of VTE in orthopedic surgery patients list the following general risk factors for bleeding: Previous major bleeding (and previous bleeding risk similar to current risk) Severe renal failure Concomitant antiplatelet agent Surgical factors: history of or difficult-to-control surgical bleeding during the current operative procedure, extensive surgical dissection, and revision surgery Documentation provided by the medical record does not support the use of a DVT Care device.

Post op home health nurse x 14 days: Upheld

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

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 & Thoracic (Acute & Chronic), Home Health Services.

Decision rationale: The Official Disability Guidelines recommend home health services only for recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. The medical record does not contain documentation that the patient requires medical services to be provided at the home. Home health services are not medically necessary.