MAXIMUS Federal Services

Case Number:	CM14-0060166		
Date Assigned:	07/09/2014	Date of Injury:	10/29/2013
Decision Date:	08/21/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/01/2014

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 Texas. 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 39-year-old male with a reported date of injury on 10/29/2013. The mechanism of injury was reportedly caused by a fall of 5 feet onto the cement. The injured worker presented with low back pain, left leg numbness. Upon physical examination, the injured worker was noted to have a healing incision of the lumbar spine, no signs of infection, intact sensation to the left foot and ankle and intact motor examination to the left foot and ankle. According to the clinical note dated 03/26/2014, the injured worker had an MRI of the lumbar spine, which revealed a left-sided L5-S1 disc herniation with radiculopathy. There was a moderate to severe multilevel lumbar disc disease with a 3.8 mm disc protrusion at L2-3, L3-4 and L4-5 as well as an 8 mm disc protrusion at L5-S1. According to the clinical note dated 04/30/2014, the injured worker had failed previous conservative care. The injured worker's diagnoses included a strain/sprain, tendonitis and impingement of the left shoulder as well as a cervicothoracic strain with minimal to mild multilevel cervical disc disease with a 1.5 mm disc protrusion at C3-4, an acute sprain/strain of the thoracolumbosacral spine and associated musculoligamentous structures. The injured worker's medication regimen was not provided within the documentation available for review. The Request for Authorization for Combo-Stim electrotherapy, DVT (deep vein thrombosis) max and motorized cold therapy unit compression was submitted on 05/01/2014. The rationale for the request is that the injured worker was status post left-sided L5-S1 hemilaminotomy and microdiscectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Combo-STIM Electrotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, post operative pain (transcutaneous electrical nerve stimulation) Page(s): 116-117. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (updated 03/31/2014).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Chronic Pain (transcutaneous electrical nerve stimulation). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Vasopneumatic Devices (wound healing).

Decision rationale: The California MTUS Guidelines do not recommend TENS as a primary treatment modality, but a 1 month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration for the conditions described. The clinical information provided for review lacks documentation of the injured worker's functional deficits. There is a lack of documentation related to the use of physical therapy in adjunct with the TENS unit. In addition, the request as submitted does not specify the site at which the Combo-Stim electrotherapy was to be utilized. The request as submitted failed to provide for the rental or purchase of the Combo-Stim electrotherapy. Therefore, the request for Combo-Stim electrotherapy is not medically necessary.

DVT (deep vein thrombosis) Max: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (updated 03/31/2014), Venous thrombosis.

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, Continuous-Flow Cryotherapy.

Decision rationale: The Official Disability Guidelines recommend vasopneumatic devices as an option to reduce edema after acute injury. Vasopneumatic devices apply pressure by special equipment to reduce swelling. They may be considered necessary to reduce edema after an acute injury. The clinical note dated 06/25/2014, indicates the injured worker is post hemilaminotomy and microdiscectomy. There is a lack of documentation related to edema, or the need to reduce swelling. In addition, the request as submitted failed to provide for the frequency and directions for use. Therefore, the request for DVT (Deep Vein Thrombosis) max is not medically necessary.

Motorized cold therapy unit compression: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (updated 03/31/2014), 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) Pain, Continuous Flow Cryotherapy.

Decision rationale: The Official Disability Guidelines recommend continuous flow cryotherapy as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may add up to 7 days, including home use. In the postoperative setting, continuous flow cryotherapy units have been proven to decrease pain, inflammation, swelling and narcotic usage. The clinical information provided for review lacks documentation related to the injured worker's functional deficits, to include range of motion values in degrees and a VAS pain score. The injured worker's medication regimen was not provided within the documentation available for review. There is a lack of documentation related to the injured worker's pain, inflammation, swelling or narcotic usage. In addition, the request as submitted failed to provide for a specific site and directions for use. Therefore, the request for a Motorized Cold Therapy Unit Compression is not medically necessary.