

Case Number:	CM14-0092460		
Date Assigned:	07/25/2014	Date of Injury:	04/27/2010
Decision Date:	10/01/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/18/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 is a 64-year-old male who has submitted a claim for L3-S1 disc bulge with bilateral foraminal narrowing, central canal stenosis, left S1 radiculopathy confirmed by EMG (08/26/2013), left greater trochanteric bursitis, left knee degenerative joint disease, L4-S1 facet arthropathy, cervical radiculopathy, L3-S1 degenerative disc disease, and central canal stenosis C5-7, severe left foraminal C6-7 stenosis associated with an industrial injury date of 04/27/2010. Medical records from 01/23/2012 to 04/25/2014 were reviewed and showed that patient complained of neck pain graded 8/10 radiating down the left upper extremity and low back pain graded 7/10 radiating down the left leg. Physical examination of the cervical spine revealed tenderness of paracervical muscles and base of the skull, decreased sensation along C7 and C8 dermatomal level, and intact MMT and DTR of upper extremities. Physical examination of the lumbar spine revealed a normal gait, tenderness of the paravertebral muscles, decreased sensation along left S1 dermatomal distribution, and intact MMT and DTR of lower extremities. X-ray of the lumbar spine dated 08/08/2013 was unremarkable. X-ray of the cervical spine dated 08/08/2013 revealed minimal to moderate degenerative disc disease C5-7 without acute fracture. EMG /NCV of the lower extremities dated 08/06/2013 revealed chronic active left S1 radiculopathy. MRI of the lumbar spine dated 08/07/2013 revealed L5-S1 disc extrusion with mild severe subarticular zone stenosis with abutment of bilateral descending S1 nerve root and moderate spinal canal stenosis and mild degenerative changes at L2-5 with annular fissure. MRI of the cervical spine dated 08/07/2013 revealed mild to moderate C5-7 spinal canal stenosis with moderate to severe left-sided foraminal narrowing at C6-7. Treatment to date has included pain medications such as Meloxicam, Tramadol, and Zanaflex. Utilization review dated 05/30/2014 denied the request for pneumatic intermittent compression device because there was no documentation or history of lymphedema. Utilization review dated 05/30/2014 denied the

request for LSO brace because bracing is only applicable in the post-operative setting following a fusion.

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 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 Official Disability Guidelines (ODG) Knee & Leg, vasopneumatic Devices

Decision rationale: CA MTUS does not specifically address vasopneumatic devices. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that vasopneumatic devices are recommended as an option to reduce edema after acute injury. Vasopneumatic devices apply pressure by special equipment to reduce swelling. In this case, the patient complained of chronic neck and low back pain with radiating symptoms. There was no documentation of edema or swelling along the lower extremities. It is unclear as to why a pneumatic intermittent compression device is needed. The medical necessity cannot be established due to insufficient information. Therefore, the request for Pneumatic intermittent compression device is not medically necessary or appropriate.

LSO Brace: 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 Chapter

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 Supports

Decision rationale: CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines (ODG) was used instead. ODG states that lumbar support is not recommended for prevention of back pain. A systematic review concluded that there is moderate evidence that lumbar supports are no more effective than doing nothing in preventing low-back pain. In this case, the patient complained of chronic low back pain which prompted request for LSO. However, the guidelines do not recommend back brace for back pain prevention as evidence suggest that lumbar supports are no better than placebo in preventing back pain. Therefore, the request for LSO brace is not medically necessary or appropriate.

