

Case Number:	CM14-0098461		
Date Assigned:	09/23/2014	Date of Injury:	12/13/2010
Decision Date:	12/15/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/26/2014

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 Surgeon, has a subspecialty in Spine Surgeon and is licensed to practice in New Jersey. 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 68-year-old male who reported an injury on 12/13/2010. The mechanism of injury was not provided. The documentation of 04/29/2014 revealed the injured worker's medications included Percocet 5/325 mg twice a day, Lyrica 150 mg twice a day, Butrans patches 20 micrograms per hour every 7 days, and Metformin 500 mg twice a day. The prior treatments included a TENS unit and heat. The diagnostic studies were noted to include an EMG/NCV of the lower extremities and an MRI of the lower extremities. The physical examination revealed the injured worker had sensation decreased in the left greater than right L2-4 groin with thigh dysesthesia. The motor strength was 4/5 in the left quadriceps femoris obturator and femoris iliopsoas. There was femoral sartorius weakness. The physical examination revealed a decreased range of motion. There was diminished left heel walking, toe walking, and heel to toe raises. The deep knee bend appeared to be slightly diminished on the left. The physician opined the deep knee bend was slightly diminished on the left. The gait was broad based. Transfers were slow. The diagnoses included L3-4 traumatic disc ligamentous injury with foraminal stenosis, radiculopathy and axial back pain, L4-5 lateral recess foraminal stenosis, L2-3 retrolisthesis up to 5 mm as documented on flexion and extension, and L1-2 retrolisthesis up to 3mm to 4 mm on flexion and extension. The surgical history included right knee surgery x9. The request and treatment included L3-4 and L4-5 laminectomy and foraminotomy. The documentation indicated the injured worker was scheduled for an epidural steroid injection. There was no Request for Authorization submitted for review for the services. The surgical intervention was found to be medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intra Operative Neuromonitoring: 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 Intraoperative Neurophysiological Monitoring

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, Intraoperative Neurophysiological Monitoring (during surgery)

Decision rationale: The Official Disability Guidelines indicate that neurophysiologic monitoring is recommended for spinal or intracranial surgeries when procedures have a risk of significant complications that can be detected and prevented through the use of neurophysiologic monitoring. The clinical documentation submitted for review failed to provide documentation of a rationale for the request. There was a lack of documentation of a risk of significant complications that could be detected and prevented through the use of the monitoring. Given the above, the request for intra operative neuromonitoring is not medically necessary.

Vascutherm DVT Unit Rental: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

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, and Compression Stockings

Decision rationale: The Official Disability Guidelines indicate that injured workers should be assessed to determine if they are at risk for venous thrombosis. Additionally, the Official Disability Guidelines indicate that compression stockings are appropriate for the prevention of venous thrombosis. There was a lack of documentation indicating that the injured worker had been assessed and found to be at risk for venous thrombosis and that compression stockings would not be adequate for prevention of venous thrombosis. There was a lack of documented rationale for the use of a VascuTherm DVT device. The duration of use was not requested. Given the above, and the lack of documentation, the request for Vascutherm DVT unit rental is not medically necessary.