

Case Number:	CM13-0052833		
Date Assigned:	12/30/2013	Date of Injury:	07/28/2010
Decision Date:	12/15/2015	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/04/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Emergency Medicine

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 60 year old female with an industrial injury date of 07-28-2010. Medical record review indicates she is being treated for status post bilateral shoulder arthroscopies, bilateral shoulder impingement, chronic neck pain, cervical 5-6 and cervical 6-7 disc degeneration, lumbar 5-sacral 1 disc degeneration-stenosis and lumbar radiculopathy. Subjective complaints (10-14-2013) included "severe" neck pain extending into the bilateral trapezius with numbness down both arms to the hands. Other complaints included "severe" low back pain extending into the left buttock with numbness into the anterior and posterior thighs to the shins and calves to the bottom of the feet. She rated her pain as 9 on the visual analog scale. Current medications included Cyclobenzaprine, Hydrocodone-Acetaminophen, Tramadol and Zolpidem. Prior treatment included physical therapy, medications and epidural injection. Physical exam (10-14-2013) of lumbar spine and lower extremities noted a normal gait without evidence of a limp. The treating physician noted the injured worker would require bilateral lumbar 4-5 and lumbar 5-sacral 1 laminotomies and foraminotomies (if unable to live with her leg symptoms). Authorization for the procedure was requested along with associated surgical services to include pneumatic intermittent compression device. On 10-24-2013 the request for 30 day rental of pneumatic intermittent compression device for the management of symptoms related to lumbar spine was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rental of a Pneumatic Intermittent Compression Device for 30 days for the management of symptoms related to the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - [https://www.acoempracguides.org/Low Back, Table 2, Summary of Recommendations, Low Back Disorders](https://www.acoempracguides.org/Low%20Back,%20Table%20,%20Summary%20of%20Recommendations,%20Low%20Back%20Disorders).

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, venous thrombosis.

Decision rationale: The request is for rental of a Pneumatic Intermittent Compression Device for 30 days for the management of symptoms related to the lumbar spine. This request appears to be in conjunction with a request for treatment to prevent deep venous thrombosis (DVT) following surgical intervention. As the request for surgery has not been approved, nor is included in this request, the indication for DVT prophylaxis is lacking. The request as submitted is not medically necessary.