

Case Number:	CM13-0057323		
Date Assigned:	12/30/2013	Date of Injury:	07/30/2012
Decision Date:	01/06/2015	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/25/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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:

This patient is a 35 year old male with a date of injury of 7/30/12. The listed diagnoses are right foot injury and L5-S1 disc herniation with left lower extremity radiculopathy. According to progress report 8/23/13, the patient presents with continued back pain which radiates down to his left leg. He complains of numbness and tingling to his left calf. Examination of the lumbar spine revealed left paraspinal tenderness and left sciatic notch tenderness. Straight leg raise test is positive on the left side and negative on the right. Sensation is decreased in the left S1 distribution. Reflexes are symmetrical. An MRI of the lumbar spine from 8/9/13 revealed right paracentral central left paracentral and lateral disc herniation at L5-S1, compression of thecal sac and bilateral SI nerve roots. There is moderate spinal canal compromise with mild facet arthropathy. Small 3mm left lateral foraminal disc protrusion at L4-5 contacts the left L4 nerve root. The treating physician states that the patient has failed conservative care and given MRI findings consistent with nerve root irritation with positive examination finding, the patient would be a candidate for left sided L5-S1 laminectomy and microdiscectomy. Treating physician further states that if the patient proceeds with surgery, then recommendation is made for post op home health care, ThermoCool Compression System, ComboCare 4, front wheel walker, 3 in 1 commode, back brace, and a Bone growth stimulator. The Utilization Review dated 11/19/13 denied the requests stating that "the provider had pending request of left sided L5-S1 hemilaminotomy and microdiscectomy. There was no documented prior surgery of the lumbar spine.." Treatment reports from 12/7/12 through 8/23/13 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Combo Care 4 Electrotherapy Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

<http://www.unitedmedicalsource.com/combocare.html>-Ultrasounds, TENS, EMS, IF and Russian Stimulator

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:

<http://www.abrexis.com/electrotherapy/combo-care-4> Combocare Electrotherapy Unit

Decision rationale: This patient presents with continued back pain which radiates down to his left leg with numbness and tingling. The current request is for A Combo Care 4 Electrotherapy Unit. On According to <http://www.abrexis.com/electrotherapy/combo-care-4> Combocare Electrotherapy Unit combines "incorporates interferential, TENS, NMS/EMS and syncopation therapies into one unit." The MTUS Guidelines do support a trial of TENS with criteria met. The treating physician in this case has not specified if this request is for a 30 day trial or for purchase. Moreover, the request is for a dual unit, of which EMS or electrical muscle stimulator, also known as NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. The request is not medically necessary and appropriate.

Deep Vein Thrombosis Prophylaxis Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Hip & Pelvis

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 under venous thrombosis

Decision rationale: This patient presents with continued back pain which radiates down to his left leg with numbness and tingling. The current request is for Deep Vein Thrombosis Prophylaxis Unit. ODG guidelines, Knee & Leg chapter under venous thrombosis states, "Risk factors for venous thrombosis include immobility, surgery, and prothrombotic genetic variants. Studies have addressed the risk for thrombosis following major injury, and minor events, including travel, minor surgery, and minor trauma, are linked to a 3-fold increased risk for venous thrombosis. Venothromboembolism (VTE) is an important condition in hospitalized patients accounting for significant morbidity and mortality. Those at high risk should be considered for anticoagulation therapy during the post-hospitalization period. (Yale, 2005) Aspirin may be the most effective choice to prevent pulmonary embolism (PE) and venous thromboembolism (VTE) in patients undergoing orthopedic surgery, according to a new study examining a potential role for aspirin in these patients. Patients who received aspirin had a lower

VTE risk score than the patients who received warfarin. Patients who received aspirin had a much lower use of sequential compression devices than high-risk patients, but even aspirin patients should receive sequential compression as needed." The ODG guidelines recognize DVT risk factor as orthopedic surgery and hospitalization. The treating physician has made a recommendation for surgery, but there is no indication that the surgery was authorized. Furthermore, the treating physician does not provide any risk factors for perioperative thromboembolic complications. The request is not medically necessary and appropriate.

Thermocool Hot/Cold Contrast Therapy for 60 days: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/23381757>

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 (Acute & Chronic) chapter, Continuous-flow cryotherapy

Decision rationale: This patient presents with continued back pain which radiates down to his left leg with numbness and tingling. The current request is for a Thermocool Hot/Cold Contrast Therapy for 60 days. The MTUS and ACOEM guidelines do not discuss Cold/hot Therapy units specifically, therefore ODG guidelines are referenced. ODG guidelines has the following regarding continuous-flow cryotherapy: "Recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be 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; however, the effect on more frequently treated acute injuries (eg, muscle strains and contusions) has not been fully evaluated." On 8/23/13, the treating physician recommended lumbar surgery. There is no indication that the patient has undergone surgery or is pending surgery. In this case, ODG guidelines does not support this type of device other than for post-operative recovery, and there is no indication that the patient has been authorized for surgery. The request is not medically necessary and appropriate.