

Case Number:	CM14-0014511		
Date Assigned:	02/28/2014	Date of Injury:	01/31/2011
Decision Date:	01/12/2015	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/05/2014

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 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 39 year old male claimant with an industrial injury dated 01/31/11. The patient is status post a right L5-S1 micro-decompression surgery as of 12/13/13. Exam note 12/09/13 states the patient returns with low back pain that is radiating to the right lower extremity. The patient experiences numbness, tingling, and weakness due to the pain. The patient demonstrates an antalgic gait and uses a cane for mobility. The patient explains having difficulty with prolonged walks, sitting, and prolonged standing. The patient experiences spasm, and muscle guarding in the paravertebral muscles of the lumbar spine. There was evidence of tenderness surrounding the lumbar spine and the patient demonstrated a decreased range of motion. The patient also had a decreased dermatomal sensation with pain over the right S1 dermatome. Diagnosis is noted as thoracic or lumbosacral neuritis or radiculitis. Treatment includes a rental [REDACTED] preventative system.

IMR ISSUES, DECISIONS AND RATIONALES

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

**[REDACTED] DEEP VEIN THROMBOSIS PREVENTION SYSTEM WITH WRAP,
RENTAL: Upheld**

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES-TREATMENT IN WORKER'S COMPENSATION (ODG-TWC)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Venous Thrombosis

Decision rationale: CA MTUS/ACOEM is silent on the issue of [REDACTED] DVT prevention system. According to the ODG, knee and leg section, venous thrombosis, "Recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy". In this case the exam notes from 12/9/13 do not justify objective evidence to support a [REDACTED] DVT prevention system. There is no evidence that the claimant is at increased risk for DVT. Therefore the request is not medically necessary and appropriate.

[REDACTED] COLD THERAPY RECOVERY SYSTEM, RENTAL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES-TREATMENT IN WORKER'S COMPENSATION (ODG-TWC)

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, Cold/heat packs

Decision rationale: CA MTUS/ACOEM is silent on the issue of continuous flow cryotherapy. According to the ODG Low Back section, cold/heat packs is recommended as an option for acute pain. It is recommended for at home application of cold packs for the first few days of acute complaint. The ODG does not recommend a motorized hot cold therapy unit as cold packs is a low risk cost option. Therefore the request is not medically necessary and appropriate.

APOLLO LSO, PURCHASE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 298-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: CA MTUS/ACOEM guidelines, Chapter 12, page 301 states, "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." There is no evidence of this in the records from 12/9/13. Therefore the request is not medically necessary and appropriate.