

Case Number:	CM14-0016018		
Date Assigned:	06/04/2014	Date of Injury:	04/09/2003
Decision Date:	03/30/2015	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/07/2014

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. 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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 47-year-old female who reported an injury on 04/09/2003. The mechanism of injury involved heavy lifting. The injured worker is currently diagnosed with lumbosacral radiculitis, lumbar degenerative disc disease, lumbosacral spondylosis without myelopathy, and lumbar disc disorder. The latest physician progress report submitted for review is documented on 10/02/2013. The injured worker presented with complaints of low back pain with radiation into the right lower extremity. Previous conservative treatment is noted to include medication management. The current medication regimen includes Topamax, Effexor, Ambien CR, Dulcolax, Theramine, Fioricet, Norco, OxyContin, and tizanidine. The injured worker also underwent 2 separate spinal cord stimulator trials. Upon examination, there was an antalgic gait, tenderness noted in the right and left lumbar paravertebral regions, pain upon lumbar extension and lateral rotation, restricted lumbar range of motion, negative straight leg raise, normal motor strength, and 2+ deep tendon reflexes. The injured worker was advised to continue with the current medication regimen. Additionally, it was noted that the injured worker was pending permanent implantation of a spinal cord stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE PURCHASE, SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE HALF LEG 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 Knee and leg-Venous thrombosis

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.

Decision rationale: The Official Disability Guidelines 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, it was noted that the injured worker underwent permanent implantation of a spinal cord stimulator at a later date on 11/21/2013. However, there was no documentation in the medical records provided of a history of DVT or pulmonary embolus. There was no indication that this injured worker was at high risk of developing a postoperative venous thrombosis. There was also no mention of a contraindication to oral anticoagulation therapy as opposed to a motorized mechanical device. Given the above, the request is not medically appropriate at this time.

RENTAL, PNEUMATIC COMPRESSOR SEGMENTAL WITH GRADIENT PRESSURE FOR THE LOWER BACK: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee and leg-Venous thrombosis

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.

Decision rationale: The Official Disability Guidelines 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, it was noted that the injured worker underwent permanent implantation of a spinal cord stimulator at a later date on 11/21/2013. However, there was no documentation in the medical records provided of a history of DVT or pulmonary embolus. There was no indication that this injured worker was at high risk of developing a postoperative venous thrombosis. There was also no mention of a contraindication to oral anticoagulation therapy as opposed to a motorized mechanical device. Given the above, the request is not medically appropriate at this time.