

Case Number:	CM14-0190744		
Date Assigned:	11/24/2014	Date of Injury:	01/01/2007
Decision Date:	01/09/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/14/2014

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 Physical Medicine and Rehabilitation, 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:

The patient is a 75 year old female with an injury date of 01/01/07. The 09/09/14 report states that the patient has neck and right upper extremity pain. Her neck pain radiates to the right upper extremity with aching severe pain, numbness, and tingling radiating down the right arm. Based on the 09/29/14 progress report, the patient has a weak grip. Her lower extremity is also weak. The 09/30/14 report indicates that the patient complains of neck pain with a tingling sensation in her extremities. Deep tendon reflexes are decreased over the right lower extremity. She has brisk reflexes over her left knee and can move her upper/lower extremities. On 09/29/14, the patient underwent an anterior cervical fusion and developed a subarachnoid hemorrhage post-operatively. The patient's diagnoses include the following: 1. Status post cervical spine surgery with a small area of subarachnoid hemorrhage in the T2 spine. Neurologically, the patient is stable and has improved after receiving Decadron (Date of Surgery: 09/29/14) 2. Diabetes, likely to be more hyperglycemic with the Decadron 3. History of rheumatoid arthritis, asthma, hypertension The utilization review determination being challenged is dated 10/28/14. Treatment reports were provided from 05/09/14- 10/07/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase wrap for compression unit, provided on September 29, 2014: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: National Guideline Clearinghouse, (<http://www.guideline.gov/content.aspx?id=14724>)

Decision rationale: According to the 09/30/14 report, the patient presents with neck pain with a tingling sensation in her extremities. The request is for a PURCHASE WRAP FOR COMPRESSION UNIT, PROVIDED ON SEPTEMBER 29, 2014. On 09/29/14, the patient underwent an anterior cervical fusion and developed a subarachnoid hemorrhage post-operatively. MTUS is silent regarding request. ODG addresses request in regards to the lower extremity. However, per "US Department of Health and Human Services," National Guideline Clearinghouse, (<http://www.guideline.gov/content.aspx?id=14724>): "Recommendations for Appropriate Antithrombotic Therapies in Spine Surgeries," supports mechanical compression devices in the lower extremities in elective spinal surgery to decrease the incidence of thromboembolic complications. For duration, it supports the use of these compression devices until the patient becomes ambulatory. Given the support from the national guidelines, the use of wrap for the patient's compression unit following C-spine surgery would appear medically reasonable. Prophylactic DVT compression unit would have been medically necessary for some time following the neck surgery and the use of wrap would have been necessary. The request is medically necessary.