

Case Number:	CM14-0190905		
Date Assigned:	11/24/2014	Date of Injury:	06/24/1998
Decision Date:	01/20/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/17/2014

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 Minnesota. 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 injured worker is a 65 year old male with date of injury of 6/24/1998. He has chronic low back pain status post laminectomy at L3-4 and fusion at L5-S1. Pain radiates down both lower extremities. Per progress note of 10/28/2014 he is ambulatory with a cane. Exam revealed painful limited motion of the lumbosacral area with tenderness around the surgical scar. The disputed issues pertain to a request for a cold unit, front wheeled walker, elevated toilet seat, combo care 4 stim unit, and DVT max unit purchase in anticipation of additional low back surgery which has since been non-certified per Utilization Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Services:One cold therapy unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 161.

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, Topic: Cold/heat packs.

Decision rationale: Continuous flow cryotherapy is recommended for post-operative use in the knee and shoulder but not for the lower back. ODG guidelines support the use of cold packs for

the lower back but the evidence is limited. The planned surgery has not been certified and so post-operative use is not medically necessary. The request for the cold therapy unit for the lower back is not supported by guidelines and as such is not medically necessary.

Associated Surgical Services: 1 front wheeled walker: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Knee, Topic: Walking aids

Decision rationale: ODG guidelines indicate use of a front wheeled walker when there is evidence of bilateral lower extremity disease. Although post-operative use will be recommended, the surgery has not been certified and so the request for a wheeled walker is not medically necessary.

Associated Surgical Services: 1 elevated toilet seat: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Knee, Topic: Durable medical equipment.

Decision rationale: ODG guidelines indicate most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. The planned low back surgery has not been certified. Therefore the elevated toilet seat is not medically necessary.

Associated Surgical Services: 1 combo 4 stim unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ICS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 45, 114.

Decision rationale: There is no evidence that electrical stimulation has been tried and has resulted in functional improvement and reduced need for analgesics. The surgery has been non-certified and so the post-operative use will not be needed. Studies pertaining to TENS have

found that evidence is lacking with regard to its effectiveness. Based upon guidelines the medical necessity of the requested combo 4 stim unit is not substantiated.

One purchase of a DVT Max Unit form use post operatively: Upheld

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

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

Decision rationale: The medical records document ambulation with a cane. There is no indication of a high risk of deep vein thrombosis. Surgery has not been certified. Therefore the request for DVT prophylaxis post-operatively is not applicable. The request for purchase of a DVT max unit for post-operative use is not supported by guidelines and as such is not medically necessary.