

Case Number:	CM14-0201285		
Date Assigned:	12/12/2014	Date of Injury:	10/06/2014
Decision Date:	01/31/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/02/2014

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 Rehab, 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 53 year old male with the injury date of 10/06/14. Per physician's report 10/31/14, the patient has lower back pain, radiating down his left foot. "The patient is limping when walking. The patient walks in good balance but with slight antalgic gait on left lower extremity. No aids are used for ambulation. [The patient] cannot raise his left foot toes normally due to the weakness of the evertors/ plantar flexors." The patient is currently working with light duties. The diagnosis is lumbar spine L5-S1 left paracentral disc protrusion associated with left lower extremity S1 radiculopathy associated with significant weakness of the footevertors/ plantar flexors as well as absent Achilles reflex. The patient is a candidate for "an urgent microdiscectomy at L5-S1 level." The treater requested physical therapy, cold therapy cold therapy unit, a rigid lumbar corset and DVT sequential boots to be used post-operatively. Per 10/21/14 progress report, the patient presents limited range of lumbar motion. His lumbar side bending is 30 degrees bilaterally, flexion is 80 degrees and extension is 26 degrees. The patient is currently tolerating his pain well. The patient returns to work with restrictions on 10/21/14. The utilization review determination being challenged is dated on 11/12/14. Treatment reports were provided from 04/24/14 to 11/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right lumbar corset:

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back and Knee & Leg Chapters, Back brace, post-operative (fusion)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 12 Low Back Complaints Page(s): 301; 9. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic Chapter, Lumbar supports

Decision rationale: The patient presents with pain and weakness in his lower back and left lower extremity. The request is for right lumbar corset. The patient is apparently being scheduled for lumbar surgery to address disc herniation. The MTUS guidelines are silent on lumbar corset. ACOEM Guidelines page 301 states, "Lumbar support has not been shown to have any lasting benefit beyond the acute phase of symptom relief." Page 9 of ACOEM Guidelines also states, "The use of back belts as lumbar support should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security." The ODG Guidelines, Low back chapter, also states that it is not recommended for prevention and for treatment. It is an option for fracture, spondylosis, documented instability, and for nonspecific low back pain (very low quality evidence). For post-operative use, the ODG discusses using standard bracing in the context of lumbar fusion. This patient is being considered for discectomy. Given the lack of ACOEM and the ODG Guidelines support for the use of lumbar bracing, the request for rigid lumbar corset is not recommended. There is no guidelines support for the use of lumbar bracing following a simple discectomy. The request is not medically necessary.

DVT Sequential Boots: 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), Low Back and Knee & Leg Chapters, 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 under venous thrombosis

Decision rationale: The patient presents with pain and weakness in his lower back and left lower extremity. The request is for DVT sequential boots. The MTUS is silent on DVT. The ODG guidelines, Knee & Leg Chapter under venous thrombosis recognizes it's risk with immobility and minor surgery for some 3-fold increase in incidence associated with significant morbidity and mortality. ODG recommends the use of ASA but "even aspirin patients should receive sequential compression as needed." In this case, the patient is being considered for discectomy of lumbar spine for disc herniation, a minor surgery still with increased risk for DVT. The ODG guidelines do support sequential compression for post-operative use. The request is medically necessary.

Cold therapy 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 (ODG), Low Back and Knee & Leg Chapters, Cold/heat packs

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Continuous-flow cryotherapy

Decision rationale: The patient presents with pain and weakness in his lower back and left lower extremity. The request is for cold therapy unit for rental. The MTUS and ACOEM Guidelines do not discuss cold therapy units. The ODG Guidelines discusses use of cryotherapy following knee and shoulder surgeries, allowing its use for 7 days. For low back pain, Cold treatments are recommended for acute pain, and at home application of hot or cold is recommended. In this case, the physician requested Cold therapy unit "in order to reduce her post-operative pain, swelling and edema as well as requirement for pain medications." However, there is no guideline support for the use of cryotherapy unit following discectomy L-spine. At home application of cold or heat should be sufficient per the ODG and ACOEM. The request is not medically necessary.