

Case Number:	CM14-0207549		
Date Assigned:	12/22/2014	Date of Injury:	03/11/2002
Decision Date:	02/13/2015	UR Denial Date:	12/07/2014
Priority:	Standard	Application Received:	12/11/2014

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 Emergency Medicine, and is licensed to practice in New York. 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 42-year-old male who was injured on March 11, 2002. The patient continued to experience pain in his lower back. Physical examination was notable for palpable tenderness over the lower lumbar spine, mildly decreased motor strength of the right lower extremity, negative straight leg raise, and decreased sensation over the right L3, L4, L5, and S1 dermatomes. Diagnoses included degenerative disc disease of L4-5 and L5-S1 annular tear with chronic low back pain. Treatment included medication, physical therapy, surgery, and H wave unit. Requests for authorization for inpatient stay for 4 days after spinal fusion, post-operative DME rental of a cold therapy unit for 30 days, and post-operative DME rental of a pneumatic compression device for 30 days were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: facility inpatient x4 days.: 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).

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-Lumbar & thoracic, Hospital length of stay (LOS).

Decision rationale: The request is for 4 days inpatient stay after the anterior spinal fusion. Guidelines recommend a median length of stay of 3 days, with mean of 4.2 days. The best practice target is 3 days. The requested 4 days surpasses the recommended best practice target of 3 days. It is not recommended. The request should not be authorized.

Associated surgical service: post-op DME rental: cold therapy unit x 30 days.: 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).

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: MTUS does not address this topic. Cold/heat packs are recommended as an option for acute pain. At-home local applications of cold packs are recommended in first few days of acute complaint; thereafter, applications of heat packs or cold packs are recommended. The evidence for the application of cold treatment to low-back pain is more limited than heat therapy, with only three poor quality studies located that support its use, but studies confirm that it may be a low risk low cost option. There is minimal evidence supporting the use of cold therapy, but heat therapy has been found to be helpful for pain reduction and return to normal function. While cold packs are useful for low back pain, there is no recommendation that a Cold unit is necessary to supply the cold applications to the affected area. Sufficient cold can be applied with the use of cold packs. There is no medical necessity for cold therapy unit. The request should not be medically necessary.

Associated surgical service: post-op DME rental: pneumatic intermittent compression device x30 days.: 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)

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Compression garments of the lower leg are recommended as follows. Low levels of compression 10-30 mmHg applied by stockings are effective in the management of telangiectases after sclerotherapy, varicose veins in pregnancy, the prevention of edema and deep vein thrombosis (DVT). High levels of compression produced by bandaging and strong compression stockings (30-40 mmHg) are effective at healing leg ulcers and preventing progression of post-thrombotic syndrome as well as in the management of lymphedema. In this case there is no documentation that the patient is at high risk of developing DVT post-operatively. The compression garment is not recommended. The request should not be medically necessary.