

<b>Case Number:</b>	CM15-0005601		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	06/21/2009
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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 60-year-old male with a reported date of injury on 06/21/2009. The mechanism of injury was not provided. The injured worker's diagnoses are noted to include L4-S1 pseudoarthritis, regional pain syndrome right lower extremity, and failed back surgery. Prior treatment include spinal cord stimulator, L4-S1 posterior spinal instrumentation and fusion, sacroiliac joint block and medications to include Percocet, Celebrex, Cymbalta, Lyrica and methadone. An x-ray of the lumbar spine was performed and noted to reveal posterior instrumentation at L4-5 and L5-S1 with no evidence of loosening; possible spinous process fracture L4, non-displaced; and no evidence of fracture or instability. The latest clinical noted dated 12/12/2014 noted the injured worker was being seen for an orthopedic spine surgery consultation. It was noted at that time the injured worker had symptoms of low back pain that radiated into the right buttock and hip that had significantly worsened rated 8/10 to 9/10. Physical examination noted the injured worker walked with a forward flexed gait with a limp favoring the right lower extremity. There was evidence of tenderness of the sacroiliac joint over the right sciatic notch. Sensory examination was intact to light touch and pinprick throughout bilateral lower extremities. Additionally, it was noted that range of motion the lumbar spine was decreased and motor strength was decreased, particularly in the right lower extremity. In addition, it was noted that there were positive faber, Fortin and pelvic compression tests on the right. It was noted at that time the physician was recommending a pneumatic intermittent compression device to be used postoperatively following a right sacroiliac joint fusion. There was no rationale provided for the use of this device.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Pneumatic Intermittent Compression Device:** Overturned

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

**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, Compression garments. Knee & Leg, and Venous thrombosis.

**Decision rationale:** The California MTUS/American College of Occupational and Environmental Medicine Guidelines do not specifically address the medical necessity of pneumatic compression devices. However, the Official Disability Guidelines state that compression garments are recommended for the purposes of venous thrombosis prophylactic treatment in cases in which injured workers undergo major orthopedic surgical procedures especially procedures of the lower extremities. Assuming that the surgical procedure for which the pneumatic intermittent compression device was subsequently requested was approved, the requested pneumatic intermittent compression device would be considered medically necessary.