

Case Number:	CM15-0006715		
Date Assigned:	01/26/2015	Date of Injury:	08/07/2008
Decision Date:	03/20/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	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 49-year-old female who reported an injury on 08/07/2008 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to her low back. The injured worker's treatment history included physical therapy, epidural steroid injections, and multiple medications. The injured worker ultimately developed chronic low back pain. It was determined that the injured worker was a surgical candidate due to positive electrodiagnostic studies and imaging studies. The injured worker sought medical clearance for an authorized bilateral L3-4 and L4-5 revision of a laminoforaminotomy and microdiscectomy and resection of bony hyperostosis. The injured worker was evaluated on 07/19/2014. It was noted that the injured worker's diagnoses included status post posterior lumbar fusion at the L4-5 and bilateral lumbar foraminotomy and microdiscectomy at the L3-4, left sided foraminal stenosis from a current disc herniation at L3-4, and foraminal stenosis at the L4-5 from bony hyperostosis and residual disc herniation. It was noted that the injured worker had received authorization for surgery. The injured worker had continued complaints of constant sharp pain that radiated into the bilateral lower extremities. No Request for Authorization was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm system, rental, 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Low Back Procedure Summary (updated 11/21/14) / Knee and Leg Procedure Summary (updated 10/27/14)

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 Chapter, Venous Thrombosis.

Decision rationale: The requested VascuTherm system rental 4 weeks is not medically necessary or appropriate. California Medical Treatment Utilization Schedule do not address this request. Official Disability Guidelines do not recommend mechanical compression over what can be provided over lower levels of compression from stockings. Additionally, this type of prophylactic treatment is generally reserved for injured workers at risk for developing venous thrombosis due to inactivity following surgical intervention. There is no documentation that the injured worker is at risk for developing deep vein thrombosis following the authorized procedure. As such, the requested VascuTherm rental 4 weeks is not medically necessary or appropriate.

Vascutherm lumbar garment purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Low Back Procedure Summary (updated 11/21/14) / Knee and Leg Procedure Summary (updated 10/27/14)

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

3-in-1 commode: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC, Knee and Leg Procedure Summary (updated 10/27/14)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Durable Medical Equipment.

Decision rationale: The requested 3 in 1 commode is not medically necessary or appropriate. California Medical Treatment Utilization Schedule do not address this request. Official Disability Guidelines recommend this type of equipment for injured workers who are confined to

a single room and are unable to ambulate to a restroom. The clinical documentation submitted for review does not provide any evidence that the injured worker's surgical intervention will render them unable to ambulate to a bathroom and make them confined to a single room. As such, the requested 3 in 1 commode is not medically necessary or appropriate.