

<b>Case Number:</b>	CM15-0192753		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	03/09/1972
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 male individual who sustained an industrial injury on 3-9-72. The medical records indicate that the injured worker has lumbar radiculopathy secondary to severe disc degeneration and vacuum disc at the L1-2 and L2-3 levels. He currently (8-25-15) complains of severe lower back pain that increases with activity. On physical exam there was severe muscle spasm in the lumbosacral musculature, positive straight leg raise in the left leg. Diagnostics included MRI of the lumbosacral spine (5-28-15) showing a 3 millimeter disc herniation; x-ray of the lumbar spine showing a vacuum disc at L1-2, L2-3, degenerative disc disease; electromyography-nerve conduction studies (7-23-15) consistent with bilateral right greater than left lumbar radiculopathy. Treatments to date include physical therapy; status post decompressive laminectomy (9-5-14); medications: Roxicodone, Naprosyn, Cymbalta. In the 8-25-15 note the treating provider's plan of care includes a request for discectomy at L1-2 and L2-3 followed by placement of an implant and instrumentation. On 9-18-15 Utilization Review non-certified, the requests for Vascutherm 30-day rental with lumbar wrap for deep vein prophylaxis; transcutaneous electrical nerve stimulator unit for purchase with electrodes times 2, modified to rental.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **Vascutherm 30-day rental with lumbar wrap for DVT prophylaxis: 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 Chapter: Cold/heat Packs; Knee and Leg - 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 Chapter/DVT Prophylaxis Section.

**Decision rationale:** The MTUS guidelines do not address the use of pneumatic compression devices for the prevention of venous thrombosis. The ODG recommends identifying subjects who are at high risk of developing venous thrombosis and providing prophylactic measures. Mechanical methods do reduce the risk of deep vein thrombosis, but there is no evidence that they reduce the main threat, the risk of pulmonary embolism, fatal pulmonary embolism, or total mortality. In contrast, pharmacological methods significantly reduce all of these outcomes. There are options of pharmacological methods that are used post-surgically. In this case, the injured worker is noted to have Parkinson's disease and is at a great risk for DVT after surgery. Per the documentation, the injured worker is scheduled to have a discectomy at L1-2 and L2-3 followed by placement of an implant and instrumentation. The use of pneumatic compression for DVT prophylaxis is reasonable and is supported by the ODG despite other recommendations of pharmacological methods. The request for Vascutherm 30-day rental with lumbar wrap for DVT prophylaxis is determined to be medically necessary.

### **Purchase of TENS unit with electrodes x 2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** The use of TENS for chronic pain is not recommended by the MTUS Guidelines as a primary treatment modality, but a one-month home-based TENS trial may be considered if used as an adjunct to a program of evidence-based functional restoration in certain conditions. A home based treatment trial of one month may be appropriate for neuropathic pain and CRPS II and for CRPS I. There is some evidence for use with neuropathic pain, including diabetic neuropathy and post-herpetic neuralgia. There is some evidence to support use with phantom limb pain. TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. It may be useful in treating MS patients with pain and muscle spasm. The criteria for use of TENS include chronic intractable pain (for one of the conditions noted above) with documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a one month trial period of the TENS unit should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach with documentation of how often the unit was used as well as outcomes in terms of pain relief and function, and a treatment plan including specific short and long term goals of treatment. In this case, there is no

documentation that the injured worker has had a 30 day trial with TENS, therefore, the request for purchase of TENS unit with electrodes x 2 is determined to not be medically necessary.