

<b>Case Number:</b>	CM15-0202839		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	08/15/2013
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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, Hawaii  
 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:

This injured worker is a 52 year old female, who sustained an industrial injury on 08-15-2013. The injured worker was diagnosed as having complex regional pain syndrome-reflex sympathetic dystrophy bilateral lower extremities, status post placement of Medtronic spinal cord stimulator with bilateral T9 laminectomy, depression and anxiety secondary to chronic pain syndrome, thoracic myofascial pain with identified trigger points and spasm and progression of complex regional pain syndrome to bilateral lower extremities. On medical records dated 05-12- 2015 the subjective complaints were noted as better coverage of neuropathy pain in the lower extremity since implant of spinal cord stimulator. Injured worker complains of right sided chest wall radiculopathy and weakness in her lower extremities. Pain was noted as 4 out of 10 with medication and 10 out of 10 without medication. Objective findings were noted as a well healed scar in the mid thoracic region, incision is well healed and closed. Slight allodynia surrounding the scar and swelling was noted. Lower extremity exam was noted as minimal allodynia in the lower extremities. Strength remains at 4 out of 5 bilaterally. One beat clonus and less erythema in the left lower extremity the right lower extremity was warm to touch compared to left. Treatments to date included cervical spinal cord stimulate implantation, epidural steroid injections, medication, psychological treatment, left stellate ganglion block, right lumbar sympathetic block and right stellate ganglion block. The injured worker was noted to be working full time. Current medications were listed as Nucynta ER, Cymbalta, Lyrica, Lunesta and KKGL compounded cream. The Utilization Review (UR) was date 10-01-2015. A Request for Authorization was submitted. The UR submitted for this medical review indicated that the request for Retrospective DVT Prophylaxis with limb therapy

30 day rental (DOS 04-18-2015 - 05-12-2015) and trunk wrap purchase x1 was non-certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retrospective: DVT Prophylaxis with Limb Therapy 30 Day Rental (DOS: 4/18/2015-5/12/2015): 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), Knee and Leg, Online Version, Compression Garments.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and Leg, DVT.

**Decision rationale:** The patient presents with pain affecting the right sided chest wall with radiation to the bilateral upper and lower extremities. The treating physician report dated 6/4/15 (14B) is status post spinal cord stimulator placement on 4/17/15. ODG state "Current evidence suggests it is needed for in patients undergoing many orthopedic-, general-, and cancer-surgery procedures and should be given for at least seven to 10 days. In addition, prolonged prophylaxis for four to five weeks also shows a net clinical benefit in high-risk patients and procedures." The medical reports provided show no discussion that the patient is at high risk for DVT or that the patient was undergoing a high-risk procedure to be warranted use of the unit. Furthermore, while 7-10 days of postoperative use may be medically necessary, there was no rationale by the treating physician as to why the patient required a 30-day rental. The current request is not medically necessary.

**Retrospective: Trunk Wrap Purchase x 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back, Lumbar Support.

**Decision rationale:** The patient presents with pain affecting the right sided chest wall with radiation to the bilateral upper and lower extremities. The requesting treating physician report was not found in the documents provided for review. The MTUS guidelines do not address the current request. The ODG guidelines state the following regarding lumbar supports: "Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of non-specific LBP." In this case, there is no evidence that the patient presents with chronic low back pain nor is there any discussion that a back brace is being requested in order to help provide relief for the patient's symptoms. Furthermore, there is no evidence that the back brace is being requested to provide the patient with lateral support and stability. The current request does not satisfy the ODG

guidelines as outlined in the "Low Back" chapter. The current request is not medically necessary.