

Case Number:	CM15-0209266		
Date Assigned:	10/28/2015	Date of Injury:	03/22/2013
Decision Date:	12/14/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/23/2015

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: Orthopedic Surgery

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 36-year-old male, with a reported date of injury of 03-22-2013. The diagnoses include low back pain, lumbar spine sprain and strain, multilevel disc protrusion and spinal stenosis in the lumbar spine, and lumbosacral radiculopathy. The medical report dated 08-11-2015 indicates that the injured worker reported that he still had back pain with radiation to the bilateral thighs. The injured worker's pain rating was not indicated. On 07-21-2015, the injured worker rated his pain 9 out of 10. The physical examination of the low back showed tenderness to palpation over the paraspinal musculature, normal lordosis, flexion at 60 degrees, extension at 25 degrees, right bend at 25 degrees, left bend at 25 degrees, no tenderness to palpation over the spinous processes, diminished sensation over the bilateral L4 dermatomes, and negative straight leg raise test. The injured worker's work status was not indicated. The diagnostic studies to date have included an MRI of the lumbar spine in 04-2013 which showed narrowing of the L4-5 disc and degenerative desiccation of that disc, bilateral facet hypertrophy at L3-4, posterior central disc protrusion, bilateral facet hypertrophy, and bilateral foraminal narrowing at L4-5, posterior central disc protrusion and lateral right disc protrusion at L5-S1; an MRI of the lumbar spine on 01-08-2015 which showed disc desiccation with moderate disc height loss at L4-5, annular tear with broad posterior central disc protrusion at L4-5 with resultant mild to moderate spinal stenosis, and right foraminal disc protrusion at L5-S1 with resultant moderate right neuroforaminal narrowing and compression of the right L5 foraminal nerve; and electrodiagnostic studies on 01-07-2015 which showed bilateral mild L5-S1 radiculopathy with mild neurogenic potentials in the lower paraspinal muscles bilaterally, and no evidence of

peripheral neuropathy. Treatments and evaluation to date have included lumbar laminectomy and transforaminal lumbar interbody fusion on 09-17-2015, Tramadol, and physical therapy (failed). The treating physician requested the rental of a cooling system for 4 weeks; the purchase of cooling system pad and wrap; the rental of an intermittent pneumatic compression DVT (deep vein thrombosis) therapy device for 4 weeks; the purchase of a bilateral pressure pneumatic appliance; the purchase of a 3-in-1 commode; the purchase of a bone growth stimulator; and the purchase of a front wheel walker. On 09-25-2015, Utilization Review (UR) non-certified the request for the rental of a cooling system for 4 weeks; the purchase of cooling system pad and wrap; the rental of an intermittent pneumatic compression DVT (deep vein thrombosis) therapy device for 4 weeks; the purchase of a bilateral pressure pneumatic appliance; the purchase of a 3-in-1 commode; the purchase of a bone growth stimulator; and the purchase of a front wheel walker.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cooling System (4-week rental): Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary.

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, cold/heat packs.

Decision rationale: MTUS/ACOEM is silent on the issue of continuous flow cryotherapy. According to the ODG Low Back section, cold/heat packs is recommended as an option for acute pain. It is recommended for at home application of cold packs for the first few days of acute complaint. The ODG does not recommend a motorized hot cold therapy unit such as Vascutherm as cold packs is a low risk cost option. Therefore the determination is for non-certification. The request is not medically necessary.

Cooling System pad/wrap (purchase): Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary.

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, Cold/heat packs.

Decision rationale: MTUS/ACOEM is silent on the issue of continuous flow cryotherapy. According to the ODG Low Back section, cold/heat packs is recommended as an option for acute pain. It is recommended for at home application of cold packs for the first few days of acute complaint. The ODG does not recommend a motorized hot cold therapy including the cooling system pad and wrap as cold packs is a low risk cost option. Therefore the determination is for non-certification. The request is not medically necessary.

Bilateral Pressure Pneumatic Appliance (purchase): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Knee & Leg Procedure Summary.

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, Venous thrombosis.

Decision rationale: CA MTUS/ACOEM is silent on the issue of venous duplex. According to the ODG, knee and leg section, venous thrombosis, "Recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy." In this case the exam notes from 8/11/15 do not justify a prior history or current risk of deep vein thrombosis to justify bilateral pneumatic appliance. Therefore the determination is for non-certification. The request is not medically necessary.

Intermittent Pneumatic Compression DVT Therapy Device (4-week rental): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Knee & Leg Procedure Summary.

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, Venous thrombosis.

Decision rationale: CA MTUS/ACOEM is silent on the issue of venous duplex. According to the ODG, knee and leg section, venous thrombosis, "Recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy." In this case the exam notes from 8/11/15 do not justify a prior history or current risk of deep vein thrombosis to justify intermittent pneumatic compression DVT therapy. Therefore the determination is for non-certification. The request is not medically necessary.

Bone Growth Stimulator (purchase): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary.

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, Bone Growth stimulator.

Decision rationale: CA MTUS/ACOEM is silent on the issue of bone growth stimulator for the lumbar spine. According to the ODG, Low Back, bone growth stimulator would be considered for patients as an adjunct to spine fusion if they are at high risk. In this case, there is no high risk factors demonstrated in the exam note of 8/11/15. Therefore determination is for non-certification. The request is not 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 ODG-TWC Procedure Summary; AETNA: Clinical Policy Bulletins: Number 0009 Revised: Subject: Orthopedic Casts, Braces and Splints.

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, DME toilet items.

Decision rationale: CA MTUS/ACOEM is silent on the issue of commode. Per the ODG Knee and Leg, DME toilet items (commodes, bed pans, etc.) are medically necessary if the patient is bed- or room-confined, and devices such as a raised toilet seats, commode chairs, sitz baths and portable whirlpools may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. In this case the exam note from 8/11/15 does not demonstrate any functional limitations to warrant a commode postoperatively. Therefore the determination is for non-certification. The request is not medically necessary.

Front Wheel Walker: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Knee & Leg Procedure Summary.

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, Walking aids.

Decision rationale: CA MTUS/ACOEM is silent on the issue of walking aids. According to the ODG, Knee and Leg, Walking aids, is recommended for patients with osteoarthritis. In this case there is insufficient evidence from the records from 8/11/15 of significant osteoarthritis or functional impairment to warrant a walking aid. Therefore determination is for non-certification. The request is not medically necessary.