

Case Number:	CM15-0024409		
Date Assigned:	02/17/2015	Date of Injury:	03/15/2012
Decision Date:	04/02/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/09/2015

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: 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 50 year old female, who sustained an industrial injury on 3/15/2012. The current diagnosis is lumbar radiculopathy secondary to disc herniation at the left L4-5 level. Currently, the injured worker complains of severe back pain that radiates into her left inguinal area and down to the left knee into the left ankle and is associated with a weakness and numbness sensation of the left leg. Treatment to date has included medications, physical therapy, chiropractic, and three epidural steroid injections. On 1/6/2015, a left L4-5 microdiscectomy and foraminotomy was recommended. An MRI (11/24/2014) of the lumbosacral spine demonstrated a left L4-5 intraforaminal 3 millimeter disc herniation causing compression of the left L4 nerve root. The treating physician is requesting deep vein thrombosis prophylaxis unit with limb therapy and 1 wrap, 30 days rental and TENS unit with electrodes, which is now under review. On 2/2/2015, Utilization Review had non-certified a request for deep vein thrombosis prophylaxis unit with limb therapy and 1 wrap, 30 days rental and TENS unit with electrodes. The California MTUS ACOEM and Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Deep Vein Thrombosis Prophylaxis Unit with Limb Therapy and 1 Wrap, 30 Days Rental:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee Chapter, DVT.

Decision rationale: The patient presents with severe unrated pain which radiates into the left inguinal area, down to the left knee, and into the ankle. Patient also complains of associated weakness and loss of sensation in the left lower extremity. The patient's date of injury is 03/05/12. Patient is status post 3 epidural steroid injections at dates unspecified. The request is for deep vein thrombosis prophylaxis unit with limb therapy and wrap, 30 days rental. The RFA was not provided. Physical examination dated 01/15/15 revealed tenderness to palpation and severe spasming of the lumbar paraspinal muscles, positive straight leg raise test at 30 degrees, and a loss of light-touch/pinprick sensation in the left lower extremity. The patient's current medication regimen is not provided. Diagnostic imaging included MRI of the lumbar spine dated 11/24/14, significant findings include: "There is transitional anatomy with partial sacralization of the L5 segment in which the right lateral mass articulates with the S1 vertebra L4-L5: There is a loss of signal with a left intraforaminal 3mm protrusion deviating and mildly compressing the left L4 root. There is bilateral facet arthropathy." Patient's work status is not specified, though she is scheduled to undergo lumbar spine surgery on or around the 01/22/15. MTUS and ODG do not discuss pneumatic compression therapy for the lower back. ODG guidelines under Knee Chapter, DVT, does address post-operative treatments for DVT prophylaxis. The National Guidelines Clearinghouse also recommends "mechanical compression devices in the lower extremities are suggested in elective spinal surgery to decrease the incidence of thromboembolic complications." For duration of use, it recommends it from just prior to or at the beginning of surgery and continuation until the patient is fully ambulatory."In regards to the request for a pneumatic compression unit, the request appears reasonable other than the fact that it is requested for 30 days. Pneumatic compression units are indicated for DVT prophylaxis during the immediate postoperative period. The treater is requesting a 30 day rental following this patient's upcoming lower back surgery the patient is not going to be under bed rest condition for longer than 1 or 2 days following this type of surgery. 7 day rental may be reasonable but not 30 days of rental. The guidelines recommend use of these units until the patient becomes ambulatory. The request IS NOT medically necessary.

TENS Unit with Electrodes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): (s) 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS in chronic intractable pain Page(s): 114-116.

Decision rationale: The patient presents with severe unrated pain which radiates into the left inguinal area, down to the left knee, and into the ankle. Patient also complains of associated weakness and loss of sensation in the left lower extremity. The patient's date of injury is

03/05/12. Patient is status post 3 epidural steroid injections at dates unspecified. The request is for TENS unit w/ electrodes. The RFA was not provided. Physical examination dated 01/15/15 revealed tenderness to palpation and severe spasming of the lumbar paraspinal muscles, positive straight leg raise test at 30 degrees, and a loss of light-touch/pinprick sensation in the left lower extremity. The patient's current medication regimen is not provided. Diagnostic imaging included MRI of the lumbar spine dated 11/24/14, significant findings include: "There is transitional anatomy with partial sacralization of the L5 segment in which the right lateral mass articulates with the S1 vertebra L4-L5: There is a loss of signal with a left intraforaminal 3mm protrusion deviating and mildly compressing the left L4 root. There is bilateral facet arthropathy." Patient's work status is not specified, though she is scheduled to undergo lumbar spine surgery on or around the 01/22/15. According to MTUS Chronic Pain Management Guidelines the criteria for the use of TENS in chronic intractable pain: p116 "a one-month trial period of the TENS unit should be documented -as an adjunct to other 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 during this trial." Guidelines indicate documentation of use of TENS, as an adjunct to other treatment modalities, within a functional restoration approach. In this case, the treater has not indicated how or if the unit worked in the past. The treater does not specify if this is to be a 30 day rental or a purchase, does not provide evidence of a successful 30 day trail performed previously, and has not documented how the TENS is to be used either. Therefore, the request IS NOT medically necessary.