MAXIMUS Federal Services

Case Number:	CM15-0212322		
Date Assigned:	11/02/2015	Date of Injury:	05/27/2009
Decision Date:	12/11/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/28/2015

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: North Carolina
Certification(s)/Specialty: Family Practice

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 55 year old male with an industrial injury date of 05-27-2009. Medical record review indicates he is being treated for isthmic spondylolisthesis at lumbar 5-sacral 1, degenerative disk disease and back pain and radiculopathy. Medical history included hypertension and cardiac surgery. He presented on 07-16-2015 for preoperative history and physical. Subjective complaints included back and buttock pain worse with standing and walking. The pain is rated as 9 out of 10. The injured worker "feels overall it is getting worse." He was being evaluated for anterior-posterior lumbar 5-sacral 1 discectomy, decompression and fusion with instrumentation. Medications included Vicodin, Clopidogrel, Simvastatin and Metoprolol. Prior diagnostics (documented in the 07-16-2015 note) by the treating physician included MRI documented as "demonstrates an isthmic spondylolisthesis at lumbar 5-sacral 1. He has some disk desiccation at the level above as well as an annular tear." Prior treatment included epidural injections and physical therapy ("without much improvement.") Objective findings (07-16-2015) included regular heart rate and rhythm with chest clear to auscultation. Weakness was noted in right extensor hallucis longus and anterior tibia. There was diminished sensation along the dorsum of his right foot with positive straight leg raise. On 10-01-2015 the request for retrospective 30 day rental of Vascutherm DVT prophylaxis unit from 07-23-2015 through 08-23-2015 and lumbar wrap purchase was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro 30 Day Rental of Vascutherm DVT Prophylaxis Unit from 7/23/15 Through 8/23/15: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) DVT prevention.

Decision rationale: The California MTUS and ACOEM do not specifically address the requested service. The ODG does recommend DVT prophylaxis therapy in patients who are undergoing high-risk surgeries or at increased risk. The patient does have documented risk factors, but first line recommended treatment is medication management. The patient has no contraindication to this treatment and therefore the request for a vascutherm device is not medically necessary.

Lumbar Wrap Purchase: 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).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Inital Care.

Decision rationale: The ACOEM chapter on low back complaints and treatment recommendations states: Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. This patient has chronic ongoing low back complaints. Per the ACOEM, lumbar supports have no lasting benefit outside of the acute phase of injury. This patient is well past the acute phase of injury and there is no documentation of acute flare up of chronic low back pain. Therefore, criteria for use of lumbar support per the ACOEM have not been met and the request is not medically necessary.