

Case Number:	CM15-0050367		
Date Assigned:	03/23/2015	Date of Injury:	03/06/2012
Decision Date:	05/12/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/17/2015

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 51-year-old male who reported injury on 03/06/2012. The mechanism of injury was not provided. Prior therapies included physical therapy, acupuncture, and an MRI. Prior surgical interventions included lumbar spine surgeries and the documentation indicated the injured worker was scheduled to undergo a removal of instrumentation, exploration of lumbar fusion, anterior lumbar interbody fusion of L5-S1 and posterior fusion of L5-S1 on 03/11/2015. The injured worker was noted to have received the same lumbar spine arthrosis on 11/11/2014. The injured worker was noted to have an approval for a bone growth stimulator on 11/11/2014. The injured worker underwent MRIs and x-rays. Additionally, documentation indicated the injured worker had requested a VascuTherm unit for the 11/11/2014 surgery. There was a Request for Authorization submitted for review dated 02/19/2015. The documentation of 02/17/2015 revealed the injured worker complained of low back pain. The injured worker was noted to have a normal gait. The lumbar range of motion was decreased. Sensation was decreased in the left at L5-S1. The diagnoses included status post lumbar spine interbody fusion L5-S1 on 06/18/2013, postlaminectomy/ intractable mechanical pain, persistent radicular complaints, and status post lumbar fusion with instrumentation 11/11/2014. The treatment plan included a re-evaluation and that the injured worker had been authorized for a revision of the laminectomy/exploration of fusion and removal of hardware incision and drainage of seroma.

IMR ISSUES, DECISIONS AND RATIONALES

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

VascuTherm 4-Hot/Cold Compression (4-week rental): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Venous Thrombosis, Compression Garment.

Decision rationale: The Official Disability Guidelines indicate that injured workers should be assessed for risk factors for deep vein thrombosis. If found to be at risk, the injured worker should be considered for oral anticoagulation therapy. Additionally, compression garments are recommended for the prevention of deep vein thrombosis. The clinical documentation submitted for review failed to indicate the injured worker was at high risk for deep vein thrombosis. There was a lack of documentation indicating a necessity for a VascuTherm rental versus the use of compression garments. Given the above and the lack of documentation of exceptional factors, the request for is not medically necessary.

VascuTherm Lumbar Garment (purchase): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

LSO Back Support: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Chapter, Back brace, post operative (fusion).

Decision rationale: The Official Disability Guidelines indicate there is no scientific information on the benefit of bracing for improving fusion rates or clinical outcomes following instrumented lumbar fusion for degenerative disease. The clinical documentation submitted for review indicated the injured worker had been approved for surgical intervention. The injured worker had a prior surgical intervention and it was noted the injured worker had received a lumbar spine orthosis of this type from the prior surgery. There was a lack of documentation indicating a necessity for a second lumbar spine orthosis. There was a lack of documentation of exceptional

factors to warrant nonadherence to guideline recommendations as per the referenced guidelines it is not recommended. Given the above, the request is not medically necessary.

Bone Growth Stimulator: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Chapter, Bone growth stimulators (BGS).

Decision rationale: The Official Disability Guidelines indicate the criteria for the use of invasive or noninvasive electrical bone growth stimulators include a failure of a previous spinal fusion. The documentation indicated the injured worker previously utilized a bone growth stimulator with the surgery on 11/11/2014. The request as submitted failed to indicate whether the request was made for an invasive or noninvasive bone growth stimulator. There was a lack of documentation indicating the prior bone growth stimulator could not be utilized. Given the above, the request is not medically necessary.

Set Up and Delivery: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.