

Case Number:	CM15-0050835		
Date Assigned:	04/15/2015	Date of Injury:	09/27/2012
Decision Date:	05/14/2015	UR Denial Date:	02/20/2015
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: Emergency Medicine

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 46-year-old woman sustained an industrial injury on 8/27/2012. The mechanism of injury is not detailed. Evaluations include lumbar spine MRI dated 8/20/2014 and undated lumbar spine x-rays. Diagnoses include lumbar spine herniated nucleus propulsus. Lumbar spine myofascial pain syndrome, right lower extremity radicular pain, sleep disorder, and anxiety and depression, severe lateral recess stenosis, protrusion, stenosis, collapse, facet arthrosis, and thickened ligament flavum in the lumbar spine with bilateral neural foraminal stenosis, lumbar spine retrolisthesis, and severe facet arthrosis with failed motion segment. Treatment has included oral and topical medications, epidural steroid injections, and physical therapy. Physician notes dated 8/22/2014 show complaints of low back pain rated 5/10 with radiation to the bilateral lower extremities. Recommendations include surgical intervention with associated pre, post, and intra-operative services and equipment, topical applications, and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Q-Tech DVT prevention system (35 day rental): Overturned

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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://emedicine.medscape.com/article/1268573>.

Decision rationale: The MTUS does not have any guidelines regarding DVT prophylaxis. Based on the resource listed, intermittent pneumatic compression devices reduced the incidence of DVT by 60% (Urbankova et al). IPC devices are designed to decrease venous stasis, improve blood flow velocity, and increase the circulating levels of fibrinolysins. The conclusion is that IPC devices are recommended primarily or as an adjunct to anticoagulant-based prophylaxis. Although the duration of use is not addressed, it would be medically necessary that the patient undergo the length of treatment requested due to the likelihood of poor mobility she will have post-surgically, thereby increasing her risk.

Q-Tech cold therapy recovery system with wrap (35 day 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 (ODG), Lumbar.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

Decision rationale: The ACOEM guidelines state that physical methods can be used as an option for low back complaints. This includes at-home applications of local cold therapy to the area. Unfortunately, there is limited research-based evidence of its effectiveness. There is no evidence listed supporting the use of a cold-therapy recovery system with wrap with regards to either healing or post-operative pain control. Due to the lack of evidence for its use, it is not medically necessary.