

Case Number:	CM14-0114379		
Date Assigned:	08/04/2014	Date of Injury:	01/30/2014
Decision Date:	09/26/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/22/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 56-year-old male with a 1/30/14 date of injury. At the time (4/21/14) of request for authorization for Pre - op clearance, Updated MRI of lumbar spine, and purchase of Vascutherm cold compression Unit for post - op use, there is documentation of subjective (constant low back pain, worse when bending, sitting and standing for more than 5-10 minutes, pain radiates down back of both legs to the calf, pain in right and left buttock, left leg weak, and back aches all the time) and objective (gait slow and guarded, lumbar range of motion 25% of normal, 5/5 motor strength of hip flexors, quadriceps, tibialis anterior, extensor hallucis longus, and ankle plantar flexors, light touch sensation intact in both lower extremities, and 2+ patellar and Achilles reflexes bilaterally) findings, imaging findings (Reported Lumbar Spine MRI (2/13/14) revealed L5-S1 disc desiccation and posterior annular tear/bulge without significant canal or foraminal stenosis and at L2-L3 and L3-4 levels, mild disc desiccation and facet hypertrophy as well as broad-based lateral annular bulging resulting in minimal narrowing of the inferior border of the neural foramina bilaterally; report not available for review), current diagnoses (herniated disc L4-L5 with severe stenosis), and treatment to date (anti-inflammatory and analgesic medications, physical therapy, and activity modifications). Medical report identifies there is documentation of a surgery for bilateral L4-5 laminotomy & Discectomy that is certified/authorized. Regarding Updated MRI of lumbar spine, there is no documentation of a diagnosis/condition for which a repeat study is indicated. Regarding purchase of Vascutherm cold compression Unit for post - op use, there is no documentation that the patient is at a high risk of developing venous thrombosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre - op clearance: Overturned

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, Preoperative lab testing.

Decision rationale: MTUS does not address this issue. ODG identifies that preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. Within the medical information available for review, there is documentation of a diagnosis of herniated disc L4-L5 with severe stenosis. In addition, there is documentation of a surgery for bilateral L4-5 laminotomy & discectomy that is certified/authorized. Therefore, based on guidelines and a review of the evidence, the request for Pre - op clearance is medically necessary.

Updated MRI of lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Other Medical Treatment Guidelines: Official Disability Guidelines (ODG) Minnesota Rules, 5221.6100 Parameters for Medical Imaging.

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and who are considered for surgery, as criteria necessary to support the medical necessity of MRI. ODG identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (such as: To diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings) as criteria necessary to support the medical necessity of a repeat MRI. Within the medical information available for review, there is documentation of a diagnosis of herniated disc L4-L5 with severe stenosis. In addition, there is documentation of a previous lumbar spine MRI on 2/13/14. However, despite documentation of subjective (constant low back pain that radiates down back of both legs to the calf, pain in right

and left buttock, and left leg weak) and given documentation of objective (5/5 motor strength of hip flexors, quadriceps, tibialis anterior, extensor hallucis longus, and ankle plantarflexors, light touch sensation intact in both lower extremities, and 2+ patellar and Achilles reflexes bilaterally) findings and no rationale for repeat study, there is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (to diagnose a change in the patient's condition marked by new or altered physical findings). Therefore, based on guidelines and a review of the evidence, the request for Updated MRI of lumbar spine is not medically necessary.

purchase of Vascutherm cold compression Unit for post - op use: 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) Shoulder, Polar care (cold therapy unit); Venous thrombosis Other Medical Treatment Guideline or Medical Evidence: (<http://www.sosmedical.net/products/featured-products/vascutherm/>).

Decision rationale: An online source identifies Vascutherm as a device that provides heat/cold compression and DVT prophylaxis therapy. MTUS does not address this issue. ODG identifies that continuous-flow cryotherapy is recommended as an option after surgery for up to 7 days, including home use. In addition, ODG identifies documentation of subjects who are at a high risk of developing venous thrombosis, as criteria necessary to support the medical necessity of DVT prevention system. Within the medical information available for review, there is documentation of a diagnosis of herniated disc L4-L5 with severe stenosis. In addition, there is documentation of a surgery for bilateral L4-5 laminotomy & discectomy that is certified/authorized. However, given documentation of the requested purchase of Vascutherm cold compression Unit for post - op use, there is no documentation of the number of days being requested. In addition, there is no documentation that patient is at a high risk of developing venous thrombosis. Therefore, based on guidelines and a review of the evidence, the request for purchase of Vascutherm cold compression Unit for post - op use is not medically necessary.