

Case Number:	CM14-0130054		
Date Assigned:	09/16/2014	Date of Injury:	10/25/2013
Decision Date:	10/16/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/14/2014

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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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:

The claimant is a 45-year old gentleman who sustained an injury to the lumbar spine in a work-related injury on October 25, 2013. The medical records provided for review documented that the claimant underwent a lumbar decompression and laminectomy at L4-S1 on July 30, 2014. Specific requests in this case are for the postoperative use of a Vascutherm DVT unit for rental as well as a purchase of a lumbar back brace for post-operative immobilization. The remaining clinical records are not pertinent to the postoperative requests in relationship to the claimant's July 30, 2014 surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter Back Braces/Lumbar supports: Lumbar supports and Back Brace, Post Operative (fusion):

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

Decision rationale: California ACOEM Guidelines do not support the request for the postoperative use of a back brace. This individual is undergoing a two level lumbar laminectomy and there is no documentation of instability. ACOEM Guidelines recommend that Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Therefore, the request in this case is not medically necessary.

Vascutherm DVT unit 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): Knee Chapter (<http://www.odg-twc.com/odgtwc/knee.htm>)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Comp, 18th Edition, 2013 Updates: knee procedure - venous thrombosis

Decision rationale: The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. Based on the Official Disability Guidelines, the use of a Vascutherm DVT unit would not be indicated. While the device can be used as an option after surgery, there is no documentation in the records that the claimant has an inherent risk of deep venous thrombosis. There is no documentation of a clinical history of coagulopathy, risk factor for deep venous thrombosis or documentation that his recovery will not include weight-bearing activities. The role of this device following a lumbar decompression procedure would not be supported as medically necessary.