MAXIMUS Federal Services

Case Number:	CM14-0146933		
Date Assigned:	09/12/2014	Date of Injury:	03/07/2003
Decision Date:	10/15/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/10/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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:

This 63-year-old male patient sustained industrial injury on 03/07/03. The diagnoses include spinal stenosis at L2-3 due to combined disc protrusion, facet arthropathy, and ligamentum flavum hypertrophy, radicular symptomatology in the bilateral lower extremities and status post lumbar fusion on 08/21/14. Under consideration is a request for DVT intermittent limb compression device one month rental and Interferential stimulator unit and conductive garment.A progress report dated 07/16/14 states that the patient complains of constant moderate pain in the cervical spine. He reports intermittent radiation of pain into the left upper extremity. He has numbness, tingling, and paresthesias. He complains of severe pain in the lumbosacral spine. He reports radiation of pain into both lower extremities and notes that both lower extremities are weak. He has been wearing a brace to stabilize his spine but that has not been helping. Physical examination reveals spinous process tenderness at C4-5 and C3-4. There is moderate paraspinal muscle guarding and tenderness. There is also moderate guarding with movement. There is moderate trapezius spasm and tenderness. Ranges of motion are decreased. Deep tendon reflexes are 1 + in the bilateral biceps, triceps, and brachioradialis. The lumbosacral spine reveals moderate tenderness in the lower lumbar spine with the greatest tenderness at L2-3. Ranges of motion are decreased. There is generalized hypesthesia for both lower extremities. There is generalized weakness of both lower extremities with particular weakness of the hip flexors and the quadriceps muscles bilaterally. Deep tendon reflexes are trace in both ankles. Straight leg raise test is positive bilaterally at 45 degrees. The treatment plan consisted of decompression laminectomy and discectomy of L2-3 with posterior lateral fusion, bone graft, pedicle screw fixation, posterior interbody fusion with implants and pedicle screw fixation. The patient was provided with Norco for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

DVT intermittent limb compression device one month 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 and Leg regarding Venous Thrombosis

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee-venous thrombosis Other Medical Treatment Guideline or Medical Evidence:

Decision rationale: DVT intermittent limb compression device one month rental is not medically necessary per American College of Chest Physicians Evidence-Based Clinical Practice Guidelines * and the ODG guidelines. The MTUS does not address durable medical equipment for deep venous thrombosis.The ODG recommends identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy .There is no documentation that patient will not be mobile or has any conditions that warrant post op DVT prophlaxis such as those referred to in the Executive Summary: Antithrombotic Therapy and Prevention of Thrombosis, 9th ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines. The request for DVT intermittent limb compression device one month rental is not medically necessary.

Interferential stimulator unit and conductive garment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Interferential current stimulation (.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: Interferential stimulator unit and conductive garment is not medically necessary. The MTUS state that while an interferential unit is not recommended as an isolated intervention. The guidelines state that patient selection criteria for a one month trial may be appropriate if interferential stimulation is to be used and include certain criteria including that the unit is effective as directed or applied by the physician or a provider licensed to provide physical medicine on patients who have a history of substance abuse, postoperative pain and are unresponsive to conservative measures.The documentation does not indicate that the patient has issues with any of these conditions. Furthermore, the guidelines recommend a one month trial and the request does not indicate a duration of time.