

<b>Case Number:</b>	CM15-0010120		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	06/02/2011
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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:

The injured worker is a 22 year old male, who sustained an industrial injury on June 2, 2011. He has reported lower back pain radiating to the bilateral legs. The diagnoses have included lumbar spine stenosis, lumbar spine disc herniation, and lower back pain. Treatment to date has included back surgeries, medications, and imaging studies. On December 29, 2014 the injured worker complains of continued lower back pain with improvement of the bilateral leg pain since undergoing recent surgery on December 15, 2014. The treating physician is requesting a pneumatic compression device, trunk sleeve and lumbar corset for thirty days. On December 16, 2014 Utilization Review non-certified the request for the DME noting the lack of documentation to support the medical necessity of the devices. The MTUS and ODG were cited in the decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pneumatic Compression Device Thirty (30) 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: Chapter Low Back

<http://www.ncbl.nlm.nih.gov/pubmed/21500718><http://www.ncbi.nlm.nih.gov/pubmed/24300584>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain section, Venous thromboembolism [http://www.aetna.com/cpb/medical/data/500\\_599/0500.html](http://www.aetna.com/cpb/medical/data/500_599/0500.html)

**Decision rationale:** Pursuant to the Official Disability Guidelines and Aetna Clinical Policy Bulletin: Intermittent Pneumatic Compression Devices, pneumatic compression device, 30- day trial is not medically necessary. The guidelines recommend identifying subjects at high risk of developing venous thrombosis and providing prophylactic measures such as consideration of anticoagulation therapy. Minor injuries to the leg are associated with greater risk of venous thrombosis. Patients who received aspirin had a lower venous thromboembolism (VTE) in patients receiving warfarin. Patients who received aspirin had a much lower use of sequential compression devices in high-risk patients, but even aspirin patients should receive sequential compression devices. The UK National Institute for Health and Clinical Excellence has issued new guidance on prevention of VTE. They primarily recommend mechanical methods of venous thromboembolism prophylaxis. Although mechanical methods to reduce the risk of DVT, there is no evidence they reduce the main threat of pulmonary embolism, fatal pulmonary embolism or total mortality. In contrast, pharmacologic methods significantly reduce all of these outcomes. Unless contraindicated, mechanical compression should be utilized for both total hip and knee arthroplasty for all patients in the recovery room and during the hospital stay. Pursuant to the Aetna Clinical Policy Bulletin: Intermittent Pneumatic Compression Devices are not medically necessary. Aetna considers full leg or half-length pneumatic compression devices for home use medically necessary DME for treatment of chronic venous insufficiency of the legs of members with venous stasis ulcers that have failed to heal after a six-month trial of conservative therapy directed by the treating physician. A trial of conservative therapy must include compression bandage system or compression garment, appropriate dressings for the wound, exercise and elevation. Aetna considers intermittent pneumatic compression devices of the lower extremities medically necessary DME to stimulate circulation and reduce the chances of deep vein thrombosis for members who are unable to walk or bedridden due to trauma, orthopedic surgery, neurosurgery or other circumstances preventing ambulation. Aetna considers intermittent pneumatic compression devices experimental and investigation for the treatment of peripheral arterial occlusive disease/arterial insufficiency, rehabilitation for distal radial fractures, treatment of sensory impairment in the upper limb following stroke, treatment of upper extremity vascular ulcers, and all other indications (e.g., enhancement of fracture and soft tissue healing, management of edema following femoral popliteal bypass surgery, restless leg syndrome) because there is inadequate evidence of their effectiveness for these indications. In this case, the injured worker's working diagnoses are lumbago; and lumbar radiculopathy. The injured worker was scheduled for L3-L4 decompression and microdiscectomy, L4 - L5 decompression and L5 - S1 decompression and microdiscectomy. The procedure was approved, however, the time lapsed and the treating physician was waiting for re authorization. The documentation as of November 26, 2014 (same date as the request for authorization for the pneumatic compression device, purchase of trunk sleeve and purchase of lumbar corset) did not contain a clinical indication or rationale for the requested items. The injured worker is 22 years old with a history of diabetes mellitus. The documentation doesn't state whether the diabetes mellitus is type I or type II diabetes. Additionally, there are no additional comorbid with conditions or past medical problems or risk factors enumerated in the medical record. The pneumatic compression device

and lumbar corset were not documented in the November 26, 2014 progress note. Consequently, absent clinical documentation with an indication or rationale for the pneumatic compression device, the pneumatic compression device is not medically necessary.

**Purchase of Trunk Sleeve:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability guidelines: Chapter Low Back

<http://www.ncbi.nlm.nih.gov/pubmed/21500718><http://www.ncbi.nlm.nih.gov/pubmed/24300584>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain section, VTE  
[http://www.aetna.com/cpb/medical/data/500\\_599/0500.html](http://www.aetna.com/cpb/medical/data/500_599/0500.html)

**Decision rationale:** Pursuant to the Official Disability Guidelines and Aetna Clinical Policy Bulletin: Intermittent Pneumatic Compression Devices, pneumatic compression device, 30 day trial is not medically necessary. The guidelines recommend identifying subjects at high risk of developing venous thrombosis and providing prophylactic measures such as consideration of anticoagulation therapy. Minor injuries to the leg are associated with greater risk of venous thrombosis. Patients who received aspirin had a lower venous thromboembolism (VTE) in patients receiving warfarin. Patients who received aspirin had a much lower use of sequential compression devices in high-risk patients, but even aspirin patients should receive sequential compression devices. The UK National Institute for Health and Clinical Excellence has issued new guidance on prevention of VTE. They primarily recommend mechanical methods of venous thromboembolism prophylaxis. Although mechanical methods to reduce the risk of DVT, there is no evidence they reduce the main threat of pulmonary embolism, fatal pulmonary embolism or total mortality. In contrast, pharmacologic methods significantly reduce all of these outcomes. Unless contraindicated, mechanical compression should be utilized for both total hip and knee arthroplasty for all patients in the recovery room and during the hospital stay. Pursuant to the Aetna Clinical Policy Bulletin: Intermittent Pneumatic Compression Devices are not medically necessary. Aetna considers full leg or half-length pneumatic compression devices for home use medically necessary DME for treatment of chronic venous insufficiency of the legs of members with venous stasis ulcers that have failed to heal after a six-month trial of conservative therapy directed by the treating physician. A trial of conservative therapy must include compression bandage system or compression garment, appropriate dressings for the wound, exercise and elevation. Aetna considers intermittent pneumatic compression devices of the lower extremities medically necessary DME to stimulate circulation and reduce the chances of deep vein thrombosis for members who are unable to walk or bedridden due to trauma, orthopedic surgery, neurosurgery or other circumstances preventing ambulation. Aetna considers intermittent pneumatic compression devices experimental and investigational for the treatment of peripheral arterial occlusive disease/arterial insufficiency, rehabilitation for distal radial fractures, treatment of sensory impairment in the upper limb following stroke, treatment of upper extremity vascular ulcers, and all other indications (e.g., enhancement of fracture and soft tissue healing, management of edema following femoral popliteal bypass surgery, restless leg syndrome) because there is inadequate evidence of their effectiveness for these indications. In this case, the

injured workers working diagnoses are lumbago; and lumbar radiculopathy. The injured worker was scheduled for L3 L4 decompression and microdiscectomy, L4 L5 decompression and L5 S1 decompression and microdiscectomy. The procedure was approved, however, the time lapsed and the treating physician was waiting for re-authorization. The documentation as of November 26, 2014 (same date as the request for authorization for the pneumatic compression device, purchase of trunk sleeve and purchase of lumbar corset) did not contain a clinical indication or rationale for the requested items. The injured worker is 22 years old with a history of diabetes mellitus. The documentation doesn't state whether the diabetes mellitus is type I or type II diabetes. Additionally, there are no additional comorbid with conditions or past medical problems or risk factors enumerated in the medical record. The pneumatic compression device and lumbar corset were not documented in the November 26, 2014 progress note. The pneumatic compression device was not medically necessary and, consequently, purchase of trunk sleeve is not medically necessary.

**Purchase of Lumbar Corset: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability guidelines: Chapter Low Back

<http://www.ncbl.nlm.nih.gov/pubmed/21500718><http://www.ncbi.nlm.nih.gov/pubmed/24300584>

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): Chapter 7, page 127. Decision based on Non-MTUS Citation Low back section, Lumbar supports

**Decision rationale:** Pursuant to the ACOEM and the Official Disability Guidelines, lumbar corset for purchase is not medically necessary. Lumbar supports have not been shown to have lasting benefit the acute phase of symptom relief. Lumbar supports are not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. Lumbar supports are recommended as an option for compression fractures and specific treatment of spondylolisthesis, document instability and for treatment of nonspecific low back pain (or a low-quality evidence, but maybe a conservative option). In this case, the injured worker's working diagnoses are lumbago; and lumbar radiculopathy. The injured worker was scheduled for L3-L4 decompression and microdiscectomy, L4 -L5 decompression and L5-S1 decompression and microdiscectomy. The procedure was approved, however, the time lapsed and the treating physician was waiting for reauthorization. The documentation as of November 26, 2014 (same date as the request for authorization for the pneumatic compression device, purchase of trunk sleeve and purchase of lumbar corset) did not contain a clinical indication or rationale for the requested items. The injured worker is 22 years old with a history of diabetes mellitus. The lumbar corset was not documented in the progress note dated November 26, 2014 (the same date that coincides with the request for authorization). Lumbar supports have not been shown to have lasting benefit the acute phase of symptom relief. Lumbar supports are not recommended for prevention Consequently, absent clinical documentation with the clinical indication or rationale for the lumbar corset, lumbar corset for purchase is not medically necessary.