

<b>Case Number:</b>	CM15-0142598		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	08/21/2009
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2015

### 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: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 injured worker is a 53-year-old male who sustained an industrial injury on 8/21/09. The mechanism of injury was not documented. He underwent left hip arthroscopy, acetabuloplasty, femoral head osteochondroplasty, and labral takedown on 3/17/14, anterior and posterior L5/S1 fusion on 7/28/14 and 7/30/14, and umbilical hernia repair on 4/17/15. The 4/9/15 lumbar spine x-rays demonstrated at stable posterior fusion at L5/S1. The 6/23/15 treating physician report indicated that the injured worker underwent a hardware block on 6/22/15 with 50% improvement in back pain and nearly 80% relief of leg pain, numbness, tingling, and burning. He reported that he was able to sleep last night, did not take any medication, and walking was easier following the hardware block. Physical exam documented limited range of motion, normal seated straight leg raise, diminished left heel toe raise, patellar reflexes 1+, trace to absent ankle reflexes, and sensory loss over the left dorsolateral thigh. Authorization was requested for L5/S1 hardware removal with associated surgical requests to include assistant surgeon, one-day inpatient stay, lumbar back brace purchase, 14-day deep vein thrombosis unit rental, and intraoperative neuromonitoring. The 7/7/15 utilization review certified the requests for L5/S1 hardware removal, assistant surgeon, and one-day inpatient stay. The request for lumbar back brace purchase was non-certified as the medically necessary of this request was not established. The request for 14-day DVT unit rental was non-certified as there was no indication that the injured worker was at high risk for venous thrombosis. The request for intraoperative neuromonitoring was non-certified as hardware removal would not be considered a procedure that would require this service.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated Surgical Service: lumbar back brace purchase:** 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).

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM). Occupational Medical Practice Guidelines 2nd Edition. Chapter 12 Low Back Disorders. (Revised 2007) page(s) 138-139.

**Decision rationale:** The California MTUS guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The revised ACOEM Low Back Disorder guidelines do not recommend the use of lumbar supports for prevention or treatment of lower back pain. However, guidelines state that lumbar supports may be useful for specific treatment of spondylolisthesis, documented instability, or post-operative treatment. The use of a lumbar support in the post-operative period for pain control is reasonable and supported by guidelines. Therefore, this request is medically necessary.

**Associated surgical service: 14 day DVT 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg: Venous Thrombosis.

**Decision rationale:** The California MTUS are silent with regard to deep vein thrombosis (DVT) prophylaxis. The Official Disability Guidelines (ODG) generally recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures, such as consideration for anticoagulation therapy. Guideline criteria have not been met. There are limited DVT risk factors identified for this patient. There is no documentation that anticoagulation therapy would be contraindicated, or standard compression stockings insufficient, to warrant the use of mechanical prophylaxis. Therefore, this request is not medically necessary.

**Associated surgical service: Intraoperative neuromonitoring:** 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).

**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 Lumbar & Thoracic: Intraoperative neurophysiologic monitoring (during surgery).

**Decision rationale:** The California MTUS guidelines are silent regarding this procedure. The Official Disability Guidelines recommend intraoperative neurophysiologic monitoring during spinal or intracranial surgeries when such procedures have a risk of significant complications that can be detected and prevented through use of neurophysiological monitoring. Guideline criteria have not been met. This injured worker is certified to undergo L5/S1 hardware removal. This procedure would not typically be considered as presenting risks of significant complications requiring this level of monitoring. There is no compelling rationale presented to support the medical necessity of intraoperative neuromonitoring for this injured worker. Therefore, this request is not medically necessary.