

Case Number:	CM15-0074676		
Date Assigned:	04/24/2015	Date of Injury:	12/18/2013
Decision Date:	05/28/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/20/2015

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, North Carolina
Certification(s)/Specialty: Family Practice

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 40 year old female, who sustained an industrial injury on 12/18/2013. She reported a slip and fall with immediate pain to the low back. Diagnoses include right low back pain, right lumbosacral radiculitis, and L4-5 herniation status post right L4-5 decompression. Treatments to date include activity modification, medication therapy, and epidural steroid injections. Currently, she complained of low back and leg pain. On 3/19/15, the physical examination documented lumbar tenderness to palpation to the right lumbar spine and buttock area with a positive straight leg raise on the right. The plan of care included a right L4-5 decompression and possible discectomy with associated services including a thirty day rental for homefit DVT.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment Homefit DVT, Thermacare-Contrast Compression Therapy, 30 Day Rental, Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee Chapter.

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

Decision rationale: The claimant has low back and radicular leg pain secondary to an L4-L5 disc herniation and is approved for L4-L5 decompressive surgery. The request is for a Thermacare-contrast compression therapy device, 30 day rental for DVT prophylaxis. The claimant has no known risk factors for DVT, including previous DVT, therefore the use of compressive therapy for home use is not indicated. Anticoagulation is the treatment of choice for patients at increased risk of DVT, which this patient is not. The ODG knee chapter recommends identifying patients at high risk for DVT and providing prophylactic measures such as consideration for anticoagulation. The request is deemed not medically necessary.

Thermacare Pad, Purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee chapter.

Decision rationale: The claimant has back pain with radicular leg pain secondary to L4-L5 disc herniation and is approved for L4-L5 decompressive disc surgery. The request is for a Thermacare pad for purchase to be used in conjunction with a Thermacare contrast compression device for DVT prophylaxis. The claimant has no known risk factors for DVT, including previous DVT, Therefore the use of a heating pad is not indicated. Anticoagulation is the preferred method of prophylaxis for patients at increased risk of DVT. The ODG knee chapter recommends that patients at high risk for DVT be provided prophylactic measures such as anticoagulation. This request is deemed not medically necessary.