
Notice of Independent Medical Review Determination

Dated: 9/6/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/8/2013
Date of Injury: 10/17/2008
IMR Application Received: 7/16/2013
MAXIMUS Case Number: CM13-0001766

- 1) MAXIMUS Federal Services, Inc. has determined the request for a 30 day rental of an intermittent cold therapy limb compression device with deep vein thrombosis prevention **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for one delivery and set-up fee **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for one lumbar pad purchase **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/16/2013 disputing the Utilization Review Denial dated 7/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/19/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for a 30 day rental of an intermittent cold therapy limb compression device with deep vein thrombosis prevention **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for one delivery and set-up fee **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for one lumbar pad purchase **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 8, 2013.

The patient is a 54-year-old male who sustained a low back injury on 10/17/08 while pushing down on the clutch with his left foot. He is currently diagnosed with "status post lumbar decompression and fusion." A request was made for 30-day rental of an intermittent cold therapy limb compression device with deep vein thrombosis prevention, delivery and set-up fee, and purchase of a lumbar pad for the unit. The patient has a history of longstanding lumbar radiculopathy. He underwent a decompression surgery (on 3/10/10 as per health questionnaire form) which failed to relieve his symptoms. Postoperatively, his MRIs demonstrated severe right-sided foraminal stenosis. On 4/20/11, he underwent another lumbar surgery, this time consisting of L5-S1 posterior lumbar fusion and decompression. On his 5/17/13 orthopedic follow up, it was noted that the patient had stable low back pain and right lower extremity pain and numbness. Physical examination revealed right-sided anterior tibialis weakness (4/5) and

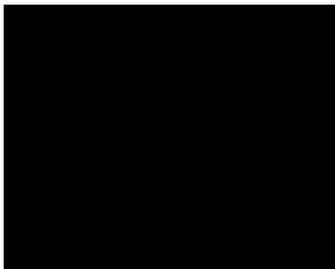
decreased sensation in the dorsum of the foot. A plan to perform revision lumbar surgery was documented. The submitted records showed that the planned right L5-S1 revision decompression and hardware removal has already been authorized and will take place on 7/10/13. The venous thromboembolism risk factor assessment form indicated that the patient had a total risk factor score of 8. However, items such as "Medical patient currently at bedrest" and "Other risk factors: High Blood Pressure" were checked. There is no indication that the IW is at bedrest. I was unable to find any medical evidence supporting hypertension as a risk factor for deep vein thrombosis. The IW's current weight and height are not described; it is not clear how the diagnosis of morbid obesity was made. Also, I note that the criteria used are published on a website [<http://www.venousdisease.com/Risk%20assessment.pdf>] with the comment "THIS DOCUMENT IS FOR EDUCATIONAL PURPOSES ONLY AND THE OPINIONS EXPRESSED ARE SOLELY THOSE OF THE AUTHOR." There is no published medical evidence validating the criteria used for this clinical scenario per a search of Pubmed. a clear rationale that justifies the need for prolonged treatment was not specified to warrant a 30-day rental of the currently requested intermittent cold therapy limb compression device (with deep vein thrombosis prevention). It should be noted that the postoperative use of continuous-flow cryotherapy is generally recommended for only up to seven days. Based on these grounds, the medical necessity of this request is not substantiated at this time.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review
- Utilization Review Determination by [REDACTED] (dated 7/8/13)
- A full copy of the California Medical Treatment Utilization Schedule (MTUS)
- Medical Records submitted by Claims Administrator

| DESCRIPTION | MEDICAL REPORTS | DATE |
|-------------|-----------------|------------|
| [REDACTED] | [REDACTED] | 7/2/2013 |
| [REDACTED] | [REDACTED] | 5/17/2013 |
| [REDACTED] | [REDACTED] | 4/5/2013 |
| [REDACTED] | [REDACTED] | 2/25/2013 |
| [REDACTED] | [REDACTED] | 2/25/2013 |
| [REDACTED] | [REDACTED] | 1/14/2013 |
| [REDACTED] | [REDACTED] | 12/4/2012 |
| [REDACTED] | [REDACTED] | 11/14/2012 |
| [REDACTED] | [REDACTED] | 10/31/2012 |
| [REDACTED] | [REDACTED] | 10/22/2012 |
| [REDACTED] | [REDACTED] | 10/3/2012 |
| [REDACTED] | [REDACTED] | 9/10/2012 |
| [REDACTED] | [REDACTED] | 7/31/2012 |
| [REDACTED] | [REDACTED] | 7/25/2012 |
| [REDACTED] | [REDACTED] | 6/19/2012 |



DME REQUEST

6/28/2013

8/3/2012

APP FOR REVIEW

7/8/2013

NON-CERT

6/29/2012

1) Regarding the request for a 30 day rental of an intermittent cold therapy limb compression device with deep vein thrombosis prevention:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) – Chapter 12, Low Back Complaints, Table 12-8, which is part of the California Medical Treatment Utilization Schedule (MTUS). The Claims Administrator also cited the Official Disability Guidelines (ODG) – Low Back Chapter, Cold/Heat Packs section; Knee & Leg Chapter, Venous Thrombosis section, Continuous-flow Cryotherapy section, which are medical treatment guidelines that are not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer determined that the MTUS does not appropriately address the issue at dispute. The Expert Reviewer found the ODG sections used by the Claims Administrator relevant and appropriate for the employee’s clinical circumstance.

Rationale for the Decision:

The employee was injured on 10/17/2008 and has experienced lumbar radiculopathy. Treatment has included a decompression surgery on 3/10/2010 and lumbar fusion and decompression on 4/20/2011. The utilization review determination lists the current diagnosis as “status post lumbar decompression and fusion.” The medical records submitted and reviewed indicate the employee has been authorized for an L5-S1 revision decompression and hardware removal. A request was submitted for a 30 day rental of an intermittent cold therapy limb compression device with deep vein thrombosis prevention.

The ODG recommends treatment for patients who are at a high risk of developing venous thrombosis. A medical report dated 11/14/2012 indicates the employee has a body mass index of over 40, which qualifies for morbid obesity. However, the medical records submitted and reviewed do not indicate that the employee would be on bed rest following the proposed L5-S1 revision decompression and hardware removal. There is also no indication that the employee used the proposed durable medical equipment after the initial lumbar fusion surgery. Additionally, the documentation submitted does not indicate that the patient is at risk for deep vein thrombosis. The documentation submitted does not support the request. The request for a 30 day rental of an intermittent cold therapy limb compression device with deep vein thrombosis prevention is not medically necessary and appropriate.

2) Regarding the request for one delivery and set-up fee:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) – Chapter 12, Low Back Complaints, Table 12-8, which is part of the California Medical Treatment Utilization Schedule (MTUS). The Claims Administrator also cited the Official Disability Guidelines (ODG) – Low Back Chapter, Cold/Heat Packs section; Knee & Leg Chapter, Venous Thrombosis section, Continuous-flow Cryotherapy section, which are medical treatment guidelines that are not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer determined that the MTUS does not appropriately address the issue at dispute. The Expert Reviewer found the ODG sections used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 10/17/2008 and has experienced lumbar radiculopathy. Treatment has included a decompression surgery on 3/10/2010 and lumbar fusion and decompression on 4/20/2011. The utilization review determination lists the current diagnosis as "status post lumbar decompression and fusion." The medical records submitted and reviewed indicate the employee has been authorized for an L5-S1 revision decompression and hardware removal. A request was submitted for one delivery and set-up fee of an intermittent cold therapy limb compression device with deep vein thrombosis prevention.

The request is for delivery and set up of an intermittent cold therapy limb compression device. Because the requested device is not medically necessary and appropriate, the delivery and set up fee is also not medically necessary and appropriate.

3) Regarding the request for one lumbar pad purchase:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) – Chapter 12, Low Back Complaints, Table 12-8, which is part of the California Medical Treatment Utilization Schedule (MTUS). The Claims Administrator also cited the Official Disability Guidelines (ODG) – Low Back Chapter, Cold/Heat Packs section; Knee & Leg Chapter, Venous Thrombosis section, Continuous-flow Cryotherapy section, which are medical treatment guidelines that are not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer determined that the MTUS does not appropriately address the issue at dispute. The Expert Reviewer found the ODG sections used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 10/17/2008 and has experienced lumbar radiculopathy. Treatment has included a decompression surgery on 3/10/2010 and lumbar fusion and decompression on 4/20/2011. The utilization review determination lists the current diagnosis as “status post lumbar decompression and fusion.” The medical records submitted and reviewed indicate the employee has been authorized for an L5-S1 revision decompression and hardware removal. A request was submitted for one lumbar pad purchase associated with an intermittent cold therapy limb compression device.

The request is for one lumbar pad purchase associated with an intermittent cold therapy limb compression device. Because the requested device is not medically necessary and appropriate, the lumbar pad associated with the device is also not medically necessary and appropriate.

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/dj

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.