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Notice of Independent Review Decision

December 10, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

VenaPro, cold/hot therapy unit, transcutaneous electrical nerve stimulation (TENS) unit and conductive garment

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Physical Medicine and Rehabilitation Physician

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

X Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is male who injured on xx/xx/xx. The patient felt a burning sensation in his right lower back.

On August 12, 2013, performed a peer review. He noted following treatment history: *On July 11, 2013, evaluated the patient for low back pain. diagnosed low back pain and prescribed meloxicam, Flexeril, Flector patch and Naprelan. On follow-up noted improved symptoms. He recommended physical therapy (PHYSICAL THERAPY) and over-the-counter (OTC) ibuprofen. On July 16, 2013, NP/M.D. diagnosed low back pain and lumbar strain. The patient was treated with injection Decadron and was prescribed prednisone taper and meloxicam. A Select Physical Therapy noted dated July 25, 2013, reported magnetic resonance imaging (MRI) of the lumbar spine performed on May 8, 2008, showing a tiny right L5-S1 disc bulge. It stated the patient reported immediate onset of burning pain*

at work on xx/xx/xx, localized pain noted. The patient wore a back brace while working. On July 30, 2013, diagnosed improved low back pain and fatigue. The patient was recommended continuing PT and OTC medications. rendered the following opinions: (1) Diagnosis as related to lifting and twisting and having low back pain was a lumbar sprain/strain. (2) Any and all other conditions, symptoms or diagnoses other than a lumbar sprain/strain was not produced, accelerated or aggravated by the xx/xx/xx. Any fatigue was not produced, accelerated or aggravated by lifting on xx/xx/xx. (3) Treatment appeared reasonable per ODG. (4) ODG would support continued employment, home exercise, completion of 10 PT visits, OTC analgesics and occasional use of OTC non-steroidal if effective. ODG and other peer reviewed literature would support weight loss. Additional formal therapy, durable medical equipment (DME) product such as TENS unit, psychotherapy, work hardening, pain management, diagnostics, injections, surgery or additional prescription medications was not supported by ODG. (5) The effects of the lumbar sprain/strain appeared to be resolving. Most sprain/strains resolve within six weeks of onset.

On September 6, 2013, MRI of the lumbar spine revealed 3 mm right foraminal disc protrusion at L4-L5 contacting the inferior surface of the exiting right L4 nerve root. The disc protrusion also moderately narrowed the right foramen and lateral recess. There was 2 mm posterior disc protrusion at L5-S1 which mildly narrowed the lateral recess and foramina. There was mild bilateral degenerative facet joint hypertrophy from L3-L4 through L5-S1. There was small bilateral facet joint effusion at L4-L5 and L5-S1. There was acute full-thickness annular tear in the posterior fibers of the disc at L5-S1.

On September 13, 2013, performed neurosurgical evaluation on the patient for low back pain. The patient was status post PT with marginal improvement in symptomatology. The pain was rated as 3-4/10. The patient reported history of injury to low back in xxxx secondary to an accident which happened at work. The patient had complete resolution and 100% restoration of function following the course of PT. Examination of the lumbar spine showed slightly decreased forward flexion, motor exam revealed 4/5 strength of the tibialis anterior and extensor hallucis longus muscle on the right. Straight leg raising (SLR) was positive on the right at 45 degrees. Sensory exam revealed hypoesthetic region over the L5 distribution on the right to pin prick and light touch. reviewed the MRI findings and diagnosed lumbar radiculopathy, herniated nucleus pulposus (HNP) at L4-L5 and lumbago. He recommended epidural steroid injection (ESI).

On November 20, 2013, performed L5-S1 ESI.

On December 17, 2013, evaluated the patient for severe low back and right leg pain. The patient reported that his right leg pain got better for several days. The patient reported a near fall and felt he might have twisted his left knee. The patient reported numbness, tingling and weakness in the right leg. Examination of the lumbar spine revealed spinal extension 20 degrees, spinal flexion 60 degrees, right lateral flexion 10 degrees, left lateral flexion 10 degrees. There was decreased sensation in the right L5 and positive SLR on the right at 45 degrees.

There was increased pain with hyperextension bilaterally. Three was positive Patrick's test/sacroiliac (SI) joint tests bilaterally. diagnosed lumbar radiculitis, lumbar degenerative disc disease (DDD), lumbar facet syndrome and lumbar sprain/strain. He continued current medications and recommended home based therapy and active and passive rehab modalities.

On January 13, 2014, noted the patient had completed therapy with temporary relief in burning low back pain. Associated symptoms included radiation of pain into the right lower extremity along the lateral thigh and calf and intermittently into the dorsum of the right foot with associated numbness and tingling in a similar distribution. There was swelling of the left lower extremity below the knee. The pain level was 7/10. Examination findings were unchanged. recommended lumbar surgery.

On June 2, 2014, performed a designated doctor evaluation (DDE) and opined the patient was not at maximum medical improvement (MMI). He was a candidate for spinal surgery.

On June 23, 2014, noted no improvement in the previous symptomatology which was described as low back pain with burning pain radiating into the right lower extremity along the lateral thigh and calf and constantly into the dorsum of the right foot with associated numbness and tingling in a similar distribution. recommended lumbar surgery due to failure of conservative medical therapy.

On July 24, 2014, evaluated the patient for low back pain. The patient reported trouble sleeping from the pain that had not improved. The patient reported pain level of 5/10 at rest but occasionally had sharp, shock like pain rated as 7/10. Examination revealed pain over the right lumbar paraspinal muscles. diagnosed low back pain and lumbar strain. He prescribed Lyrica.

On August 28, 2014, requested for lumbosacral orthosis (LSO) brace, TENS unit with supplies, hot/cold therapy system and conductive garment.

Per utilization review dated September 15, 2014, the evaluator non-certified the request and rendered the following opinions *"Mr. is a patient who was injured on xx/xx/xx, when he felt a burning sensation in the right lower back. He is currently diagnosed with lumbar radiculopathy, herniated nucleus pulposus, and lumbago. A request was made for a VenaPro compression device. He is noted to have had lumbar MRIs. Treatments to date have included ESI, ice, heat, soaking in hot bath, PT and medications. On September 15, 2014, he presented for an office evaluation with complaints of low back pain that was stated to have had no improvement in symptoms. He was then recommended to undergo surgery (laminectomy, discectomy, foraminotomy, and partial facetectomy at L4-5). Submitted reports note that this requested DME will be used postoperatively. Prophylactic measures against the development of venous thrombosis are recommended by ODG; however, there was no clear indication from the submitted reports that the said surgery has been authorized. There was also no clear documentation provided on how long the patient will be using this device.*

Medical necessity is not established at this point. Telephone contact is established with a provider designee. It is confirmed that surgery is approved and scheduled for September 17, 2014. The requested compression device is for intra-operative use per hospital protocol. As such, based on an estimated hospital length of stay of 1 day, treatment modification is discussed. Mutual agreement is reached for a 1 day rental of the Vena-Pro Compression Device for DVT prophylaxis while in the hospital per protocol. Medical necessity is established for the modified plan of care. Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is given a treatment modification by mutual agreement for a 1 day rental of the VenaPro Compression device."

On September 17, 2014, performed lumbar microdiscectomy, laminectomy, foraminotomy and partial facetectomy at L4-L5 on the right.

Per reconsideration review dated September 22, 2014, the appeal for purchase of VenaPro Compression Device was denied with the following rationale: *"Based on the clinical information provided, the appeal request for 1 Purchase of VenaPro Compression Device is not recommended as medically necessary. Initial request was modified mutually agreed to be one day rental noting that lumbar surgery (laminectomy, discectomy, foraminotomy, and partial facetectomy at L4-5) has been authorized and the requested VenaPro compression device for DVT prophylaxis would be used in the hospital per protocol. There is insufficient information to support a change in determination, and the previous non-certification is upheld. No additional information was provided to support purchase of the unit. There is no indication that the patient is at risk for developing DVT. On September 22, 2014, at 1:20 PM CST, spoke and the case was discussed. Yet, there were no additional pertinent information provided to change the determination. The case remains denied."*

On September 25, 2014, reported the patient was status post lumbar surgery. There were no intraoperative complications. Postoperative course was unremarkable. The patient reported near complete resolution of preoperative symptomatology. There were peri-incisional muscle spasms with numbness in the right lower extremity along a non-dermatomal distribution. The pain level was 5-6/10 with worsening symptomatology following prolonged sitting and standing. Examination revealed decreased forward flexion secondary to muscle spasm, negative SLR and no hypoesthetic region to pin prick and light touch. diagnosed status post lumbar microdiscectomy, laminectomy, foraminotomy and partial facetectomy at L4-L5 on the right for a previous history of lumbar radiculopathy. The patient was recommended postoperative walking program.

On November 10, 2014, noted near complete resolution of preoperative symptomatology. Examination findings were unchanged. recommended postoperative rehab program.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

There is no evidence to support the need to extend the one day rental approval for VenaPro compression device. The individual is three months post surgery and is in a walking program and although ODG did support the initial need for the one day rental, it does not for back surgery after three months and in a walking program. At this point the individual is low risk for a venous thrombosis and the necessity for purchase of VenaPro is not established.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- X MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**