MAXIMUS Federal Services

Case Number:	CM13-0071326		
Date Assigned:	01/08/2014	Date of Injury:	04/12/2011
Decision Date:	06/30/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/27/2013

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in Pennsylvania. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 57-year-old gentleman with a date of injury of 04/22/2011. A psychiatric evaluation report by [redacted] dated 10/10/2013 identified the mechanism of injury as trauma when the worker and his coworkers were attempting to dislodge a part from a machine when the part unexpectedly fell. This resulted in pain in the worker's back, right shoulder, ribs, and left hip. [redacted] note dated 06/04/2013; [redacted] office visit notes dated 06/18/2013, 09/26/2013, and 11/11/2013; [redacted] report dated 10/10/2013; and [redacted] report dated 10/14/2013 indicated the worker had been experiencing significant pain in the lower back that went into the left leg more than the right leg. Treatment with medications (opioids, acetaminophen, benzodiazepines, anti-depressants, and sleep medications), chiropractic care, physical therapy, psychological therapy, acupuncture, a supportive brace, and multiple injections near the spine resulted only in moderate relief that was not lasting. [redacted] report dated 10/14/2013 indicated that advanced imaging of the lumbar spine with MRI (date not provided) showed stenosis at the L4-5 and L5-S1 levels and grade 1 retrolisthesis at L5-S1. Surgical treatment was recommended. The submitted and reviewed documentation did not describe or address any increased risk for clot formation in the leg blood vessels before or after surgery. A Utilization Review decision was rendered on 12/03/2013 recommending non-certification for using pneumatic compression wraps after surgery to prevent the formation of clots in leg blood vessels.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OPERATIVE DEEP VENOUS THROMBOSIS AND PNEUMATIC COMPRESSION WRAPS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Pai M, et al. Prevention of thromboembolic disease in surgical patients. Topic 1339, Version 61.0. UpToDate. Accessed 06/22/2014. Fang MC, et al. Use and outcomes of venous thromboembolism prophylaxis after spinal fusion surgery. J Thromb Haemost. Jul 2011; 9(7): 1318-1325.

Decision rationale: The MTUS Guidelines are silent on the issue of using pneumatic compression wraps after surgery to prevent the formation of clots in leg blood vessels. Practice guidelines recommend assessing the risk from the surgery and from the person's history and examination to determine the overall risk of developing a potentially harmful clot in a leg blood vessel after surgery. The type of prophylatic treatment is then chosen based on the overall risk weighed against the potential negative side effects of the treatment. Mechanical methods are preferred in patients who cannot use medication for prophylaxis for medical reasons and in low-risk surgical patients. These methods are also preferred in combination with medications for people at very high risk of developing a clot. The documentation submitted did not discuss any significant increased risk, such as a history of blood clots in the past or a medical or genetic condition that causes clots to form more often than in most people. The literature suggests that this type of surgery also has a low risk for blood vessel clots to form after the surgery. In such a scenario, the use of mechanical methods to try to prevent clots from forming would be a reasonable option. However, because the surgery was not certified as being medically necessary, and the worker does not otherwise have an increased risk for having clots form in the leg blood vessels, the current request for pneumatic compression wraps to prevent the formation of clots in the leg blood vessels is not medically necessary.