

Case Number:	CM14-0002255		
Date Assigned:	01/24/2014	Date of Injury:	07/08/2009
Decision Date:	06/24/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/07/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 56-year-old female who reported an injury on 07/08/2009. The mechanism of injury was not stated. The current diagnosis is right L4 radiculopathy secondary to migration of the implant at the right L4-5 level. The injured worker was evaluated on 09/10/2013. The injured worker reported persistent lower back pain with radiation into the right lower extremity. A physical examination revealed weakness in the right lower extremity, sensory loss in the anterior thigh and lateral aspect of the right foot, symmetric deep tendon reflexes, a limping gait, severe muscle spasm and positive straight leg raising. Treatment recommendations at that time included a revision of the L4-5 fusion. An operative report was then submitted on 11/20/2013, which indicated that the injured worker underwent lateral fusion at the L4-5 level with a laminectomy and microscope-assisted foraminotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME VASCUTHERM WITH DVT (DEEP VENOUS THROMBOSIS) PROPHYLAXIS RENTAL EXTENSION FOR 30 DAYS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

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

Decision rationale: The Official Disability Guidelines recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. Aspirin may be the most effective choice to prevent a pulmonary embolism and a venous thromboembolism in patients undergoing orthopedic surgery. As per the documentation submitted, there is no evidence to support that the injured worker is at high risk for developing a postoperative venous thrombosis. Additionally, there is no mention of a contraindication to oral prophylaxis and/or compression garments. Based on the clinical information received, the request is not medically necessary.