

Case Number:	CM14-0100479		
Date Assigned:	07/30/2014	Date of Injury:	05/25/2011
Decision Date:	11/10/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/30/2014

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 Occupational Medicine 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 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:

Injured worker is a male with date of injury 5/25/2011. Per primary treating physician's progress report dated 4/11/2014, the injured worker is status post lumbar fusion at L5-S1 on 3/31/2014. He notes since the surgery a significant decrease in lower back pain from a prior 8/10 to a current 2-3/10. He reports of the onset of constant posterior thigh pain and constant numbness of the left posterior calf, outer aspect of foot and plantar surface. He continues to wear a TLSO brace and cane. He no longer uses a walker. He reports neck pain rated at 8/10 and headaches. On examination his gait is mildly antalgic. He is wearing sunglasses and the lights are dim in the room Lumbar surgery site is clean, dry and intact with no signs of infection or swelling. Palpatory tenderness in lower lumbar facet regions bilaterally with associated muscle guarding. Sensation is decreased over left S1 dermatome. Hyporeflexia of left S1, otherwise reflexes are intact. There is 4/5 muscle weakness of left LEX everter, plantorflexor, otherwise lower extremity strength is 5/5. Diagnoses include 1) multilevel HNP of the cervical spine with moderate to severe stenosis 2) status post posterior lumbar fusion at L5-S1 on 3/13/2014 3) left lower extremity radiculopathy 4) cervical radiculopathy 5) cervicogenic headaches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro (for 3/13/14 to 4/12/14) Purchase: SCD Sleeves (Qty. 2): Overturned

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

(Forearm, Wrist and Hand Chapter) Vasopneumatic Devices; Lymphoedema pumps;
Compression Garments

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, DVT Prophylaxis

Decision rationale: This is a retrospective request for authorization of two SCD sleeves that were used postoperatively following lumbar fusion. The MTUS guidelines do not address the use of pneumatic compression devices for the prevention of venous thrombosis. The ODG recommends identifying subjects who are at high risk of developing venous thrombosis and providing prophylactic measures. Mechanical methods do reduce the risk of deep vein thrombosis, but there is no evidence that they reduce the main threat, the risk of pulmonary embolism, fatal pulmonary embolism, or total mortality. In contrast, pharmacological methods significantly reduce all of these outcomes. There are options of pharmacological methods that are used post-surgically; however, the requesting physician is the surgeon that performed the spine surgery. The use of pneumatic compression for DVT prophylaxis is reasonable and is supported by the ODG despite other recommendations of pharmacological methods. SCD sleeves are single patient use items that are used in with the compression device. The request is determined to be medically necessary.