

Case Number:	CM14-0161370		
Date Assigned:	10/06/2014	Date of Injury:	11/07/2012
Decision Date:	11/25/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/01/2014

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 Preventive 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:

According to the records made available for review, this is a 53-year-old male with a 11/7/12 date of injury, and status post posterior L3-4, L4-5, and L5-S1 decompression 6/4/14. At the time (9/22/14) of request for authorization for DVT prophylaxis w/cold compression therapy x30days lumbar wrap, there is documentation of subjective (improved back and leg pain) and objective (motor and sensory examination grossly within normal limits) findings, current diagnoses (status post posterior L3-4, L4-5, and L5-S1 decompression 6/4/14), and treatment to date (physical therapy, medications, activity modification, and use of Vascutherm unit). 9/9/14 medical report identifies that Vascutherm has provided the patient with significant pain relief and has caused the patient to use less oral pain medications. In addition, medical report identifies a request for continuation of DVT prophylaxis as well as cold therapy for the decreasing of oral medications with VascuTherm unit for an additional 30 days. There is no documentation of moderate, high, or very risk for DVT.

IMR ISSUES, DECISIONS AND RATIONALES

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

DVT Prophylaxis w/cold Compression Therapy x30days Lumbar Wrap: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Low Back Chapter, Venous thrombosis, Cold/heat packs

<http://www.sosmedical.net/products/featured-products/vascutherm;>

<http://emedicine.medscape.com/article/1268573-overview#aw2aab6b3>

Decision rationale: An online source identifies Vascutherm as a device that provides heat/cold compression and DVT prophylaxis therapy. MTUS does not address this issue. ODG identifies that there is minimal evidence supporting the use of cold therapy. Medical Treatment Guideline identifies that exact recommendations on application, for postoperative cold therapy utilization following lumbar spine surgery, on time and temperature cannot be given. ODG identifies that mechanical compression should be utilized for both total hip and knee arthroplasty for all patients in the recovery room and during the hospital stay. Medical Treatment Guideline necessitates documentation of patient with moderate, high, or very high risk for DVT to support the medical necessity of mechanical methods for reducing the incidence of DVT (include passive devices, such as graduated compression (elastic) knee or thigh-high stockings (GCS); active (external pneumatic compress or intermittent pneumatic compression [IPC]) devices; or venous foot pumps (VFP)). Within the medical information available for review, there is documentation of diagnoses of status post posterior L3-4, L4-5, and L5-S1 decompression 6/4/14. However, there is no documentation of patient with moderate, high, or very high risk for DVT. In addition, given that surgery was 5 months ago, there is no documentation of a rationale for DVT prophylaxis following Hospital discharge. Therefore, based on guidelines and a review of the evidence, the request for DVT prophylaxis w/cold compression therapy x30 days lumbar wrap is not medically necessary.