

Case Number:	CM14-0176132		
Date Assigned:	10/29/2014	Date of Injury:	06/05/1990
Decision Date:	12/09/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/23/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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:

This patient is a 58 year old male with an injury date of 6/05/90. Based on the 9/20/14 progress report by [REDACTED], this patient has pain that is "both traumatic, neuropathic and central," with neuropathy in both legs and feet. Exam of this patient reveals "limited spinal flexion, extension, sidebending and rotation following lumbar fusion (date of surgery unknown). Diagnoses for this patient: 1. Chronic Pain multiple sites 2. Somatic Symptom disorder with Pain 3. Chronic depression with suicidality 4. Chronic anxiety 5. Mood disorder nos 6. Dissociative disorder NOS The utilization review being challenged is dated 10/07/14. The request was denied in the "absence of presence of risk factors for venous thromboembolism." The request is for the purchase of [REDACTED] SCD Express Pump and Sleeves (full leg). The requesting provider is [REDACTED] and he has provided various reports from 9/23/10 to 9/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for the Purchase of a [REDACTED] SCD Express Pump and sleeves (Full Leg): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 12th Edition (web), 2014, Knee and Leg Chapter - Venous Thrombosis.

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 Leg Chapter, Venous Thrombosis (online)

Decision rationale: This patient presents with "traumatic, neuropathic and central" pain with neuropathy in both legs and feet. The treater requests the purchase of [REDACTED] SCD Express Pump and sleeves (full leg). ODG recommends "identifying subjects who are at high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy." Risk factors for venous thrombosis include "immobility, surgery, and prothrombotic genetic variants."-9/23/10 eval: This patient is being treated for chronic depression and "stay in my room most of the time." He is described as "slightly obese." Patient is "69 inches tall and 219 with shoes and car keys in pockets." Gets "numbness, tingling and shooting pain down the left leg and foot; big toe sometimes numb; 4th and 5th tarsal mapping - could be neuropathy." This patient "used to run 35 miles a week; two surgeries--laminectomy and fusion" (dates unknown).-1/08/14: Patient participates in an exercise program and "find this program to be beneficial."-4/03/14: Patient is "in no apparent distress."-5/29/14: "Patient's function is stable." Per patient, "no new concerns and since the last visit the patient's pain is stable."-6/26/14: Patient's pain is increased and function is decreased because "he has been tapering off his medication. "Taper is too fast and he needs more breakthrough medication." "Impact on activities of daily living: No impact."-7/25/14: "Pain is stable. Function is decreased.-8/21/14: Weight: 228 (gain of 9 pounds since being weight in 9/23/10). Gait is within normal limits. The patient moves "easily from sit to stand." Impact on activities of daily living: Improved function. Review of submitted documents from 1/08/14 to 8/21/14 indicate this patient's gait is "within normal limits" and "moves easily from sit to stand." Impact on activities of daily living ratings fluctuate from: "improved function" to "no impact." Per 9/20/14, this patient is "retreating into bed for days at a time" with "progress towards increased mobility has suffered a setback due to the increased pain that follows activity." "Retreating into bed" does not indicate immobility. Furthermore, given the lack of documentation that this patient is physically unable to get out of bed, transfer or ambulate, or is post-op, prophylactic measures are not indicated. Recommendation is for denial.