

Case Number:	CM14-0184373		
Date Assigned:	11/12/2014	Date of Injury:	07/15/2008
Decision Date:	12/30/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/05/2014

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 Orthopedic Surgery 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:

50-year-old male claimant with an industrial injury dated 07/15/08. The patient is status post a L5-S1 laminectomy as of 2008, and L5-S1 ESI in 03/12/14. Current medications include Ultram, Glucosamine, Naproxen, Naprosyn, and Metoprolol. Conservative treatments include physical therapy and chiropractic sessions. Exam note 09/14/14 states the patient returns with low back pain that is radiating down to the bilateral calves to the feet. The patient also complains of hip pain and knee pain. Upon physical exam the patient demonstrated a decreased range of motion with mild tenderness over the paravertebral musculature. The patient had hyperreflexia of the left Achilles and weak hip flexor on the left. The patient had a positive SLR on the left with approximately 60'. In addition, there were paresthesias on the left L5-S1 dermatome and atrophic changes to the left calf versus the right. Diagnosis is noted as lumbar spine radiculitis and stenosis. Treatment plan includes a continuation of medication and a calf cuff and pump.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: DVT Calf Cuff & Pump (1x Rental, DOS 9/24/14): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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, Venous Thrombosis

Decision rationale: California Medical Treatment Utilization Schedule (MTUS)/ American College of Occupational and Environmental Medicine (ACOEM) guidelines are silent on deep vein thrombosis (DVT) prophylaxis. According to the Official Disability Guidelines (ODG), Knee and leg section, venous thrombosis, "Recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy". In this case the exam notes from 9/14/14 do not justify objective evidence to support DVT calf cuff and pump following epidural steroid injection or risk factors for deep vein thrombosis. There is no evidence of palpable cords, asymmetric swelling or other signs of deep vein thrombosis. Therefore the requested treatment is not medically necessary and appropriate.