

<b>Case Number:</b>	CM14-0024145		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	09/07/2006
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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 Orthopaedic 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:

This 31-year-old female sustained an industrial injury on 9/7/06, lifting at work. She underwent an L4/5 laminectomy and discectomy in 2007 without significant improvement. The 3/20/13 lumbar MRI impression documented prior posterior hemilaminotomy at L4/5, mild disc degeneration at L4/5 and L5/S1, and L4/5 disc protrusion with mild bilateral recess stenosis, spinal canal stenosis, and mild foraminal encroachment. There was a disc protrusion at L5/S1 with mild to moderate right lateral recess stenosis and potential for impingement on the traversing right S1 nerve. The 11/25/13 progress report documented severe back pain radiating into the right leg with weakness and numbness. Four recent falls were reported due to her right leg giving out. Physical exam findings documented decreased myotomal strength and dermatomal sensation, severe lumbosacral spasms, and positive straight leg raise. The patient had failed comprehensive conservative treatment. A right L4/5 and L5/S1 microdiscectomy and foraminotomy was recommended and approved on 1/9/14. The 1/13/14 progress report requested authorization for a DVTmax unit as the patient had a positive Capriani risk assessment and may have a higher risk of developing deep vein thrombosis due to various risk factors and the type of surgery performed. This compression device prophylaxis was being prescribed as the patient will have a difficult time ambulating due to the severity of the surgery. The 1/30/14 utilization review denied the request for a Cold TheraDVTmax unit based on an absence of guideline support for use with this surgery and no evidence that simple compression garments would not be sufficient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**COLD THERA DEEP VEIN THROMBOSIS MAX UNIT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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:** Under consideration is a request for a Cold Thera DVTmax unit. The California MTUS guidelines are silent with regard to the requested item and DVT (Deep Venous Thrombosis) prophylaxis. 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. Guidelines recommend the use of mechanical devices for deep vein thrombosis prevention in patients undergoing total hip or knee replacement. In general, the ODG does not recommend the use of combined cold and compression units as there are no published high quality studies on these units. Guideline criteria have not been met. There are no specific significantly increased DVT risk factors identified for this patient. There is no documentation that anticoagulation therapy would be contraindicated or insufficient to warrant the use of mechanical prophylaxis. There is no documentation that standard compression stockings would be insufficient. Therefore, this request for a Cold TheraDVTmax unit is not medically necessary.