

Case Number:	CM14-0025989		
Date Assigned:	06/13/2014	Date of Injury:	07/18/2011
Decision Date:	07/16/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/28/2014

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 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:

The injured worker is a 50-year-old male with a reported date of injury on 07/18/2011. The mechanism of injury was not provided within the documentation available for review. The injured worker complained of severe lumbar back pain radiating into the left thigh. According to the clinical information, the injured worker was status post laminectomy and discectomy at L3-5 levels dated 01/30/2014. The lumbar x-ray dated 04/23/2014 revealed postsurgical changes present at L3-5. According to the clinical note dated 04/23/2014, the injured worker stated that his legs continue to do well and indicated a significant improvement prior to surgery. The lumbar MRI dated 04/29/2014 revealed enhancement identified in relation to the posterior aspects of the disc at L4-5 and L5-S1, consistent with enhancement of annular tears or postsurgical change. In addition, the MRI revealed levoscoliosis, disc and facet abnormalities. Upon physical examination, the injured worker's lower extremity motor examination revealed to be normal in all muscle groups tested. The clinical information provided for review does not mention postoperative physical therapy or range of motion values for the injured worker. The injured worker's diagnosis included status post lumbar spine laminectomy, disc bulge 4 mm at C4-5, and disc bulge 3.9 mm at C3-4. The injured worker's medication regimen included Norco. The Request for Authorization for Q-Tech DVT prevention system, 35 days, was not submitted. In addition, the rationale for the request was not provided within the clinical information available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

QTECH DVT PREVENTION SYSTEM 35 DAYS: 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 & Leg, Venous Thrombosis.

Decision rationale: The Official Disability Guidelines recommend identifying injured workers who are at high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. The injured worker at risk for venous thrombosis should be considered for anticoagulation therapy during the post-hospitalization period. Aspirin may be the most effective choice to prevent pulmonary embolism and venous thrombosis in injured workers undergoing orthopedic surgery, according to a new study examining the potential role for aspirin in these patients. Although mechanical methods do reduce the risk of deep vein thrombosis, there is no evidence that they reduce the main threat, the risk of pulmonary embolism, fatal PE, or total mortality. In contrast, pharmacological method significantly reduces all of these outcomes. The clinical information provided for review lacks documentation related to the concerns for deep vein thrombosis or immobility for the injured worker postoperatively. In addition, the request as submitted failed to provide the site at which the Q-Tech DVT prevention system for 35 days was to be utilized. Therefore, the Q-Tech DVT prevention system, 35 days, is not medically necessary.