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| <b>Case Number:</b>   | CM14-0026751 |                              |            |
| <b>Date Assigned:</b> | 06/13/2014   | <b>Date of Injury:</b>       | 10/20/2009 |
| <b>Decision Date:</b> | 07/18/2014   | <b>UR Denial Date:</b>       | 02/14/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/03/2014 |

### 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 Internal Medicine, Pulmonary Diseases 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 58-year-old female with an injury reported on 10/20/2009. The mechanism of injury was not provided within the clinical notes. The clinical note dated 01/07/2014 reported that the injured worker complained of moderate low back pain and lower extremity pain. The physical examination revealed the injured worker had 'good' strength and sensation to her bilateral lower extremities. The clinical note dated 02/10/2014 revealed the incisions from a prior transforaminal lumbar interbody fusion (TLIF) which was healed. It was reported that there was no bruising or drainage to the incision site. The injured worker's diagnoses included L4-5 transforaminal lumbar interbody fusion, cervical spondylosis, and morbid obesity status post gastric bypass surgery. The provider requested VascuTherm deep vein thrombosis (DVT) prophylaxis with intermittent limb therapy extension. The rationale was not provided within the clinical documentation. The Request for Authorization was submitted on 02/28/2014. The injured worker's prior treatments included physical therapy for her lumbar spine. The date and amount of physical therapy was not provided in the clinical documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **VASCUTHERM DVT PROPHYLAXIS WITH INTERMITTENT LIMB THERAPY EXTENSION: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

**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 request for VascuTherm DVT prophylaxis with intermittent limb therapy extension is not medically necessary. The injured worker complained of low back pain. The provider did not indicate the rationale for the requested DVT 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. Minor injuries in the leg are associated with greater risk of venous thrombosis. The relative risk for venous thrombosis is 3-fold greater following minor injury, especially if injury occurs in the 4 weeks prior to thrombosis, is located in the leg, and involves multiple injuries or rupture of muscle or ligament. There is a lack of clinical information indicating that the injured worker is at high risk of developing venous thrombosis. There is a lack of clinical information indicating that the injured worker is on anticoagulant medication therapy. The provider did not indicate the rationale for the requested DVT prophylaxis. As such, the request is not medically necessary.