

Case Number:	CM14-0033862		
Date Assigned:	06/20/2014	Date of Injury:	11/01/2012
Decision Date:	12/03/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/18/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of November 1, 2012. In a Utilization Review Report dated March 11, 2014, the claims administrator retrospectively denied a sequential compression device apparently administered and/or employed on January 23, 2014. The claims administrator suggested that the applicant had undergone a cervical fusion surgery on the date of the request. The claims administrator did not incorporate any guidelines into its rationale or report and stated that it had failed to uncover any guidelines in performing a literature search. The applicant's attorney subsequently appealed. In a September 8, 2014, Medical-legal Evaluation, it was acknowledged that the applicant had failed to return to work. The applicant was given permanent work restrictions. A 25% whole-person impairment rating was endorsed. The Medical-legal evaluator did not discuss the applicant's past medical history but suggested that the applicant was using only over-the-counter Aleve as of that date, implying that the applicant did not have a significant past medical history.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sequential Compression Device QTY: 1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg section.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation North American Spine Society (NASS), Antithrombotic Therapies and Spine Surgery. Official Disability Guidelines (ODG): The Knee and leg section Other Medical Treatment Guideline or Medical Evidence: <Insert Other Basis/Criteria> <http://www.guideline.gov/content.aspx?id=14724> Guideline Title Antithrombotic therapies in spine surgery. Bibliographic Source(s) NASS Evidence-based Guideline Development Committee. Antithrombotic therapies in spine surgery.

Decision rationale: The MTUS does not address the topic. However, the North American Spine Society (NASS) notes that mechanical compression devices such as the sequential compression device at issue are "suggestive" in elective spine surgeries to decrease the incidence of thromboembolic complications. NASS incidentally noted an optimum timeframe for usage of sequential compression devices postoperatively, but notes that SCDs should be employed until an applicant is fully ambulatory. The applicant did undergo multilevel cervical spine surgery on the date in question. Prophylactic usage of a sequential compression device was indicated per NASS. Therefore, the request is medically necessary.