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| Case Number: | CM14-0035726 | | |
| Date Assigned: | 06/23/2014 | Date of Injury: | 01/03/2013 |
| Decision Date: | 07/25/2014 | UR Denial Date: | 03/05/2014 |
| Priority: | Standard | Application Received: | 03/24/2014 |

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 patient is a 33 year old male who was injured on 01/03/2013. The mechanism of injury is unknown. Past medications included TriCor, Nucynta, Levothyroxine, naproxen sodium, Lipitor, Lunesta, nifedipine ER, Gabapentin and clomiphene citrate. The patient underwent left sided hemilaminectomy at L4-L5 levels on 02/06/2014. Follow up report dated 02/19/2014 states the patient presents with complaints of low back that is constant. Objective findings on exam revealed blood pressure at 148/100. Body mass index (BMI) was 39.622. The lumbar spine revealed no tenderness, crepitation, and warmth. Diagnoses are back pain, lumbar radiculopathy, sciatica, lumbar degenerative disk disease, and spinal stenosis without neurogenic claudication. Prior utilization review dated 03/05/2014 states the request for Deep Vein Thrombosis (DVT) prophylaxis (Vascutherm unit) x 30 day rental is not authorized as medical necessity has not been established and there is no history of or propensity for DVT.

IMR ISSUES, DECISIONS AND RATIONALES

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

Deep Vein Thrombosis (DVT) prophylaxis (Vascutherm unit) times 30 day rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.PubMed.gov:Jt Comm J Qual Patient Saf. 2011 Apr;37\(4\): 178-83](http://www.PubMed.gov:Jt Comm J Qual Patient Saf. 2011 Apr;37(4): 178-83) Venous thromboembolism prophylaxis in surgical patients.

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.X Other Medical Treatment Guideline or Medical Evidence:
http://circ.ahajournals.org/content/107/23_suppl_1/I-9.full#T2http://journal.publications.chestnet.org/article.aspx?articleID=1159399.

Decision rationale: This is a request for a 30-day rental of a Vascutherm unit for deep venous thrombosis prophylaxis for a 33-year-old obese, male who underwent L4-5 left-side hemilaminectomy on 2/6/14. MTUS and ODG guidelines do not directly address venous thrombosis for low back surgery. According to the American College of Chest Physicians Evidence-Based Clinical Practice Guidelines, for patients undergoing elective spine surgery without additional thromboembolic factors such as advanced age, malignancy, neurologic deficit, previous venous thromboembolism, or anterior surgical approach, routine use of thromboprophylaxis other than early and frequent ambulation is not recommended. When additional thromboembolic risk factors are present, intermittent pneumatic compression (such as Vascutherm) may be recommended, usually combined with chemoprophylaxis. In this case, the patient is obese, which is considered a weak risk factor. There is no documentation of other significant risk factors such as thrombophilia. The venous thromboembolism risk factor calculator provided in the medical records does not appear to be correctly completed. Written rationale is not provided. Medical necessity is not established.