

Case Number:	CM14-0054908		
Date Assigned:	07/07/2014	Date of Injury:	03/26/2013
Decision Date:	08/28/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/24/2014

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 39-year-old who has submitted a claim for lumbar spine herniated nucleus pulposus with radiculopathy, thoracic spine musculoligamentous injury, and right foot tendinitis associated with an industrial injury date of March 26, 2013. Medical records from October 1, 2013 to July 7, 2014 were reviewed and showed that patient complained of low back graded 5-9/10 radiating down right lower extremity with associated weakness, numbness, and tingling. Physical examination revealed right-side guarding and tenderness over midline L3-S1, bilateral L4-S1 facet tenderness (right greater than left), right sacroiliac and sciatic notch. Lumbar spine ROM (range of motion) was decreased in all planes. SLR (straight leg raise exam) and Lasegue's tests were positive on the right. Sensation to light touch was decreased over right L5-S1 nerve root. MMT revealed right lower extremity weakness. DTRs were 2+ except for right ankle reflex (1+). MRI of the thoracic spine dated 03/05/2014 was unremarkable. MRI of the lumbar spine dated May 29, 2013 showed L5-S1 annular protrusion into left lateral recess and dislocating butting left S1 extending laterally into intervertebral foramina. EMG (electromyogram)/NCV (nerve conduction velocity) of the lower extremities dated 05/23/2013 revealed bilateral L5 nerve root impingement, moderate grade. Treatment to date has included caudal epidural block right L5 transforaminal block (January 21, 2014) physical therapy, acupuncture, epidural steroid injection, trigger point injections, and pain medications. Utilization review dated April 10, 2014 denied the request for Q-tech DVT (deep vein thrombosis) prevention system fourteen day rental for home use for the lumbar spine because there was no documentation of past and current treatment for DVT as well as any trial oral anticoagulants.

IMR ISSUES, DECISIONS AND RATIONALES

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

Q-Tech DVT (deep vein thrombosis) prevention system, fourteen day rental for home use for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG), Treatment Index, 11th Edition (web), 2013, Knee & Leg/Durable medical equipment.

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 California Medical Treatment Utilization Section (MTUS) does not specifically address venous thrombosis prophylaxis. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that it is recommended to identify subjects who are at high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. Current evidence suggests that prophylaxis is needed for inpatients undergoing many orthopedic procedures and should be given for at least seven to ten days. However, ODG states that although mechanical methods reduces the risk of DVT, there is no evidence that they reduce the main threat, the risk of pulmonary embolism or total mortality. In contrast, pharmacological methods significantly reduce all of these outcomes. In this case, there was no documentation of a possible multiple orthopedic procedure or anticoagulation therapy. Based on the available medical records, the patient is not at high risk for developing venous thrombosis. There is no discussion as to why DVT prophylaxis is needed. Therefore, the request for Q-Tech DVT prevention system, fourteen day rental for home use for the lumbar spine, is not medically necessary.