

<b>Case Number:</b>	CM14-0073673		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	10/24/2012
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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 Orthopedic Surgery 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:

This 62-year-old male hazardous waste laborer sustained an industrial injury on October 24, 2014. Injury occurred due to repetitive loading and unloading drums of oil, dirt and debris. The April 14, 2014 lumbar flexion/extension x-rays demonstrated a grade 1 spondylolisthesis at L5/S1 with associated severe degenerative disc disease and bilateral pars defects. The April 14, 2014 lumbar CT scan showed L5/S1 disc collapse with bony sclerosis. There was bilateral spondylolysis and 9 mm spondylolisthesis. The April 14, 2014 lumbar MRI showed L5/S1 bilateral spondylolysis and 10 mm spondylolisthesis with nerve root compression in the bilateral neural foramina. The April 26, 2014 treating physician report cited exam findings of paraspinal muscle spasms and tenderness, moderate loss of lumbar range of motion, and normal lower extremity strength and reflexes. There was decreased L5/S1 dermatomal sensation on the right. There was a positive straight leg raise on the right. The treatment plan recommended L5/S1 laminectomy and anterior posterior instrumented fusion. The May 14, 2014 utilization review denied the request for Deep Vein Thrombosis Care for 30 days as there was no documentation that the patient was at substantially high risk for DVT. The request for home health nursing daily dressing changes and wound checks x 14 days was modified to one home health visit to provide wound care and dressing change information.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 Days Rental of Deep Vein Thrombosis Care:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Online Version, Low Back and Knee & Leg Chapters.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Venous thrombosis.

**Decision rationale:** The California MTUS and Official Disability Guidelines (ODG) do not provide specific recommendations for DVT (deep vein thrombosis) prophylaxis for patients undergoing lumbar surgery. In general, the ODG recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. Guideline criteria have not been met. There were no significantly increased DVT risk factors identified for this patient. There is no documentation that anticoagulation therapy would be contraindicated, or standard compression stockings insufficient, to warrant the use of mechanical prophylaxis. Therefore, this request for 30 days rental of Deep Vein Thrombosis Care is not medically necessary.

**14 Days of Post-operative Home Health Nurse for Daily Dressing Change and Wound Check:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Online Version, Low Back and Knee & Leg Chapters.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

**Decision rationale:** The California MTUS recommends home health services only for otherwise recommended treatment for patients who are homebound, on a part time or intermittent basis, generally no more than 35 hours per week. Guideline criteria have not been met. There is no documentation that the patient requires an RN to perform daily dressing changes and wound checks. There is no indication why the patient or family would be unable to monitor the wound and change the dressing, as per applicable instructions. There is no documentation that the patient would be homebound. The May 14, 2014 utilization review modified the request for 14-days of RN care to one home health visit to provide wound care and dressing change information. There is no compelling reason to support the medical necessity of additional care beyond that already certified. Therefore, this request for 14 days of post-operative home health nurse for daily dressing change and wound check is not medically necessary.