

Case Number:	CM14-0188762		
Date Assigned:	11/19/2014	Date of Injury:	03/28/2013
Decision Date:	01/08/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/12/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 46 year old female with an injury date of 03/28/13. The patient is status post L5-S1 anterior lumbar interbody fusion, segmental fixation L5-S1, and application of prosthetic device at L5-S1 on 10/21/14, as per the operative report. In progress report dated 10/22/14, the patient complains of minimal low back pain (improved since pre-op) along with right leg pain in L5-S1 distribution. As per progress report dated 10/15/14, the patient suffers from severe back pain with right leg radiculopathy along with dense numbness. Physical examination reveals tenderness to palpation of the lumbar spine accompanied by diminished sensation in the L5 and S1 distribution to the right. The patient also has dropped Achilles reflex on the right. The patient has tried physical therapy and home exercise regimen without any benefit, as per progress report dated 10/15/14. The patient also underwent right shoulder surgery in 2008 and 2012, right carpal tunnel in 2011, and L5-S1 bilateral microdiscectomy on 11/12/13, as per the same progress report. MRI of the Lumbar Spine, 09/02/14: Post-operative status L5-S1 disk laminectomy with significant amount of epidural granulation tissue surrounding the thecal sac and S1 and S2 nerve root sleeves. Right central 4 mm L5-S1 disk protrusion. Small superior L5 endplate Schmorl node deformity, 3- 4 mm inferior L3-4 foraminal disk bulge. Diagnosis, 10/15/14: Lumbar herniated disc. The treater is requesting for Vascatherum unit with deep Vein Thrombosis (DVT) Prophylaxis for 30 Thirty (30) Rental. The utilization review determination being challenged is dated 10/22/14. The rationale was "There is an absence in documentation noting that this claimant is at high risk of developing DVT or the medical necessity to require this DVT for 30 days." Treatment reports were provided from 11/12/13 - 11/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm unit with deep vein thrombosis (DVT) prophylaxis for thirty (30) day rental:
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) Continuous flow cryotherapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation X Official Disability Guidelines (ODG) chapter Knee & Leg (Acute & Chronic) and topic Venous Thrombosis X Other Medical Treatment Guideline or Medical Evidence: US department of Health and Human Services National Guideline Clearinghouse (<http://www.guideline.gov/content.aspx?id=14724>)

Decision rationale: The patient is status post L5-S1 anterior lumbar interbody fusion, segmental fixation L5-S1, and application of prosthetic device at L5-S1 on 10/21/14, as per the operative report. In progress report 10/15/14, the patient complained of severe back pain with right leg radiculopathy along with dense numbness. The request is for VASCUTHERUM UNIT WITH DEEP VEIN THROMBOSIS (DVT) PROPHYLAXIS FOR 30 THIRTY (30) RENTAL.MTUS is silent about Vascutherm. However, ODG guidelines, chapter 'Knee & Leg (Acute & Chronic)' and topic 'Venous Thrombosis', allow for short-term post-operative use for 7 days. ODG states that no research shows any additional added benefit for more complicated cryotherapy units over conventional ice bags or packs. Regarding Vascutherm with DVT prophylaxis, ODG states that ASA may be the most effective choice to prevent PE and DVT in patients undergoing orthopedic surgery, but even ASA patients should receive sequential compression as needed. When looking at various devices, data from Million Women Study in the UK suggested that the risk of DVT after pelvic and acetabular surgery is greater and lasts for longer than has previously been appreciated. They showed that the risk is greatest in the first six weeks following surgery, peaking around three weeks afterward. Specific to spine surgery DVT prophylaxis, US department of Health and Human Services National Guideline Clearinghouse (<http://www.guideline.gov/content.aspx?id=14724>), supports mechanical compression devices in the lower extremities in elective spinal surgery to decrease the incidence of thromboembolic complications. For duration, it is recommended until the patient is fully ambulatory. In this case, the patient underwent L5-S1 anterior lumbar interbody fusion, segmental fixation L5-S1, and application of prosthetic device at L5-S1 on 10/21/14, as per the operative report. In progress report dated 10/15/14, the treater states that the request for vascutherm with DVT prophylaxis is for post-operative use. The report also states that patients undergoing this type of surgery are at increased risk of deep vein thrombosis. However, the request is for 30 days. The guidelines recommend up to 7 days per ODG and per the National Guideline summarized above, until the patient is ambulatory. Following this surgery, there is no evidence that the patient will be non-ambulatory for 30 days. While a short-term use of this unit may be medically necessary, the requested 30 days of use is not. The request is not medically necessary.