

Case Number:	CM14-0193987		
Date Assigned:	12/01/2014	Date of Injury:	10/14/2013
Decision Date:	01/22/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/19/2014

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 low back pain reportedly associated with an industrial injury of October 14, 2013. In a Utilization Review Report dated October 21, 2014, the claims administrator retrospectively denied compressive back wrap and DVT prophylaxis device 30-day rental. The claims administrator stated that its denial was based on an undated RFA form and progress note dated October 9, 2014. The claims administrator's decision was difficult to follow and some seven to eight pages long. The claims administrator stated that its decision was based on non-MTUS ODG Guidelines on postoperative compression devices. It was suggested "but not clearly stated" that the applicant was planning lumbar spine surgery. The claims administrator stated that the lumbar spine surgery which the applicant had undergone, in its review, represented relatively low-risk surgery. In a September 11, 2014 progress note, the applicant presented following an earlier L5-S1 discectomy and fusion surgery of August 27, 2014. The applicant was doing reasonably well. The applicant denied any shortness of breath, chest pain, calf pain, or swelling. Staples are removed. The applicant exhibited intact lower extremity motor function. Percocet, prednisone, lumbar support, lumbar spine x-rays, and physical therapy were sought while the applicant was placed off of work, on total temporary disability. In an earlier note dated August 19, 2014, the applicant was asked to undergo an L5-S1 discectomy-fusion surgery. The claims administrator stated that the applicant's past medical history was negative and that the applicant had undergone prior knee surgery. The applicant was given Norco and Flexeril. The applicant was asked to pursue an L5-S1 discectomy-fusion surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for compression back wrap, quantity 1, purchase: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape, Deep Venous Thrombosis Prophylaxis in Orthopedic Surgery, Forsh et al.; Agnelli, Prevention of Venous Thromboembolism in Surgical Patients

Decision rationale: The MTUS does not address the topic. However, Medscape's article on DVT prophylaxis and orthopedic surgery notes that the American College of Chest Physicians (ACCP)'s recommendations for elective spine surgery states that antithrombotic prophylaxis following elective spine surgery is "not recommended" in applicants who have no additional risk factors. Similarly, Agnelli's review article entitled Prevention of Venous Thromboembolism in Surgical Patients notes that "early and persistent mobilization" is endorsed in applicants who do not have risk factors for development of venous thromboembolism (VTE). Here, the applicant was described as having a negative past medical history in August 19, 2014. The applicant did not have any stated risk factors for development of DVT and/or pulmonary embolism. Postoperatively, the applicant was described as having uncomplicated recovery on a September 11, 2014 follow-up visit. The applicant was apparently ambulating at that point and had intact lower extremity motor function. The attending provider's progress note did not contain any narrative commentary which would augment the article at issue and/or offset the unfavorable ACCP position on the same. Therefore, the request was not medically necessary.

Retrospective request for Vasotherm w/DVT Prophylaxis 30 day rental, three times a day: 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) Vasopneumatic Cryotherapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape, Deep Venous Thrombosis Prophylaxis in Orthopedic Surgery article, Forsch et al.; Agnelli, Prevention of Venous Thromboembolism in Surgical Patients

Decision rationale: The MTUS does not address the topic. However, Medscape's article entitled Deep Venous Thrombosis Prophylaxis in Orthopedic Surgery notes that antithrombotic prophylaxis following elective spine surgery is "not recommended" in applicants who have no additional risk factors. Similarly, Agnelli's review article entitled Prevention of Venous Thromboembolism in Surgical Patients notes that "early and persistent mobilization" is endorsed in applicants who do not have risk factors for development of venous thromboembolism (VTE). Here, an August 19, 2014 progress note made no mention of any risk factors for DVT. The

applicant was described as having an essentially negative past medical history. On a subsequent office visit of September 11, 2014, the applicant was ambulatory. The applicant was described as having an uncomplicated postoperative presentation. It did not appear, thus, that 30 days of postoperative DVT prophylaxis were/are indicated here. The attending provider's progress note did not contain any applicant-specific rationale which would augment the request and/or offset the unfavorable guideline recommendations. Therefore, the request was not medically necessary.