

Case Number:	CM14-0199619		
Date Assigned:	12/10/2014	Date of Injury:	05/16/2012
Decision Date:	01/23/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/01/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 55-year-old man who sustained a work-related injury on May 16, 2012. Subsequently, the patient developed a chronic low back pain. According to a progress report dated on August 6, 2014, the patient was complaining of low back pain radiating to both lower extremities with the pain severity is rated 10 over 10. The patient reported slight improvement of his pain with pain medication. The patient physical examination demonstrated antalgic gait, lumbar tenderness with reduced range of motion and decreased sensation in both lower extremities. An MRI of her lumbar spine performed on August 19, 2014 demonstrated degenerative disc disease. The patient was diagnosed with lumbar radiculopathy. The provider requested authorization for DVT unit rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

DVT UNIT RENTAL (IN DAYS): 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), Knee & Leg Chapter, Compression Garments

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Compression Garments. , <http://www.odg-twc.com/index.html>

Decision rationale: According to ODG guidelines, compression garments < Recommended. Good evidence for the use of compression is available, but little is known about dosimetry in compression, for how long and at what level compression should be applied. Low levels of compression 10-30 mmHg applied by stockings are effective in the management of telangiectases after sclerotherapy, varicose veins in pregnancy, the prevention of edema and deep vein thrombosis (DVT). High levels of compression produced by bandaging and strong compression stockings (30-40 mmHg) are effective at healing leg ulcers and preventing progression of post-thrombotic syndrome as well as in the management of lymphedema. (Partsch, 2008) (Nelson-Cochrane, 2008) See also Lymphedema pumps; Venous thrombosis. Recent research: There is inconsistent evidence for compression stockings to prevent post-thrombotic syndrome (PTS) after first-time proximal deep venous thrombosis (DVT). The findings of this study do not support routine wearing of elastic compression stockings (ECS) after DVT. PTS is a chronic disorder affecting 40%-48% of patients during the first 2 years after acute symptomatic DVT. The American College of Chest Physicians currently recommends wearing compression stockings with 30-40 mm Hg pressure at the ankle for 2 years to reduce the risk of developing PTS, but the data supporting this recommendation are inconsistent, and come from small randomized trials without blinding. This high quality double-blind randomized trial compared compression stockings to sham stockings (without therapeutic compression) in 806 patients with proximal DVT and concluded otherwise. (Kahn, 2014) There is no documentation from the patient chart that he is at risk of deep venous thrombosis. Therefore the request for DVT UNIT RENTAL (IN DAYS) is not medically necessary.

WRAP FOR DVT - LEFT: 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), Knee & Leg Chapter, Compression Garments

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Compression Garments. , <http://www.odg-twc.com/index.html>

Decision rationale: According to ODG guidelines, compression garments < Recommended. Good evidence for the use of compression is available, but little is known about dosimetry in compression, for how long and at what level compression should be applied. Low levels of compression 10-30 mmHg applied by stockings are effective in the management of telangiectases after sclerotherapy, varicose veins in pregnancy, the prevention of edema and deep vein thrombosis (DVT). High levels of compression produced by bandaging and strong compression stockings (30-40 mmHg) are effective at healing leg ulcers and preventing progression of post-thrombotic syndrome as well as in the management of lymphedema. (Partsch, 2008) (Nelson-Cochrane, 2008) See also Lymphedema pumps; Venous thrombosis. Recent research: There is inconsistent evidence for compression stockings to prevent post-thrombotic syndrome (PTS) after first-time proximal deep venous thrombosis (DVT). The findings of this study do not support routine wearing of elastic compression stockings (ECS) after DVT. PTS is a chronic disorder affecting 40%-48% of patients during the first 2 years after

acute symptomatic DVT. The American College of Chest Physicians currently recommends wearing compression stockings with 30-40 mm Hg pressure at the ankle for 2 years to reduce the risk of developing PTS, but the data supporting this recommendation are inconsistent, and come from small randomized trials without blinding. This high quality double-blind randomized trial compared compression stockings to sham stockings (without therapeutic compression) in 806 patients with proximal DVT and concluded otherwise. (Kahn, 2014) There is no documentation from the patient chart that he is at risk of deep venous thrombosis. Therefore the request for WRAP FOR DVT - LEFT is not medically necessary.

WRAP FOR DVT - RIGHT: 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), Knee & Leg Chapter, Compression Garments

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Compression Garments. , <http://www.odg-twc.com/index.html>

Decision rationale: According to ODG guidelines, compression garments < Recommended. Good evidence for the use of compression is available, but little is known about dosimetry in compression, for how long and at what level compression should be applied. Low levels of compression 10-30 mmHg applied by stockings are effective in the management of telangiectases after sclerotherapy, varicose veins in pregnancy, the prevention of edema and deep vein thrombosis (DVT). High levels of compression produced by bandaging and strong compression stockings (30-40 mmHg) are effective at healing leg ulcers and preventing progression of post-thrombotic syndrome as well as in the management of lymphedema. (Partsch, 2008) (Nelson-Cochrane, 2008) See also Lymphedema pumps; Venous thrombosis. Recent research: There is inconsistent evidence for compression stockings to prevent post-thrombotic syndrome (PTS) after first-time proximal deep venous thrombosis (DVT). The findings of this study do not support routine wearing of elastic compression stockings (ECS) after DVT. PTS is a chronic disorder affecting 40%-48% of patients during the first 2 years after acute symptomatic DVT. The American College of Chest Physicians currently recommends wearing compression stockings with 30-40 mm Hg pressure at the ankle for 2 years to reduce the risk of developing PTS, but the data supporting this recommendation are inconsistent, and come from small randomized trials without blinding. This high quality double-blind randomized trial compared compression stockings to sham stockings (without therapeutic compression) in 806 patients with proximal DVT and concluded otherwise. (Kahn, 2014) There is no documentation from the patient chart that he is at risk of deep venous thrombosis. Therefore the request for WRAP FOR DVT - RIGHT is not medically necessary.