

<b>Case Number:</b>	CM14-0205842		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	06/25/2012
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Neurological Surgery

### 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 36 year old female janitor had date of injury of 06/25/2012 when she was lifting a bag of mops and felt pinching and cramping in her low back. Her past medical history included a back injury in 1998 which claim she settled. She was initially treated with an injection, medication and then chiropractic treatment. MRI of the lumbar spine on 07/02/12 described an 8mm left posterior paracentral disc herniation at L5-S1 causing lateral recess stenosis. This herniation was not described on follow up scan of 08/22/13. Findings of degenerative disc disease with facet arthropathy and a one mm retrolisthesis of L4-5 and L5-S1 with L4-5 and L5-S1 neuroforaminal narrowing were noted. Follow up MRI of 8/22/14 noted diffuse disc protrusion of 2mm with effacement of the thecal sac and bilateral foraminal narrowing effacing the exiting nerve roots at L4-5. At L5-S1 there was diffuse disc protrusion without effacement of the thecal sac, bilateral foraminal narrowing and a Grade one retrolisthesis of L4 on 5 and L5 on S1. No mention was made of an 8mm disc herniation. She received one transforaminal lumbar epidural steroid injection on 01/31/14 2014 which improved her posterior thigh pain for several days. She aborted her EMG and NCV study of 02/04/2013 because of pain but the results to that point were normal. She had 35 doctors or chiropractic appointments reviewed by the agreed upon medical examiner on 10/21/14. Details of a home exercise program are not described, nor the outcomes with physical therapy and a trial with transcutaneous nerve stimulation. The PR2 of 05/19/2014 notes her back pain to be 8/10. Exam showed a mildly analgesic gain, limited range of motion of her back and decreased sensation in L4-S1 dermatomes on the left. Motor exam showed her right extensor hallucis longus and tibialis anterior strength to be 4+/5 with right straight leg raising at

50 degrees. The PR2 for her visit on 08/11/14 showed she could walk up to two hours, was taking Naprosyn 550 once a day and had stopped Neurontin due to headaches. On the exam for the agreed upon medical examiner on 10/21/14 she had a normal gait, no motor weakness, negative straight leg raising, negative Laseque's test, no back or buttock tenderness, no atrophy, no spasms and minimally limited range of motion. Her provider had requested authorization for a right L4-5 decompressive laminectomy. The associated surgical service of the rental of DVT and the purchase of bilateral wraps was also requested.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Rental of a DVT and purchase of bilateral wraps:** 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 (Acute & Chronic)

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

**Decision rationale:** ODG Chapter on Knee Replacement-Venous Thrombosis notes that deep venous thrombosis (DVT) forms in the deep veins of the leg. Major risk factors are immobility, surgery and prothrombotic variants. Identifying the patient who is at high risk such as those requiring hip replacement, knee replacement or other major orthopedic procedures simplifies the decision making. Lumbar laminectomy usually takes place in an outpatient setting not requiring more than a day in hospital. Those patients in hospital for one day are at low risk for getting a DVT. Oral anticoagulation therapy such as aspirin has reduced the risk of venous thrombosis and compression garments are recommended for those at risk of bleeding. ODG guidelines do not identify routine wearing of elastic compressive stockings in low risk patients nor an advantage to a mechanical device providing sequential pressures. Documentation by the provider is not included which rebuts ODG guidelines.