

Case Number:	CM15-0168206		
Date Assigned:	09/08/2015	Date of Injury:	07/06/2012
Decision Date:	10/14/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/26/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 61 year old man sustained an industrial injury on 7-6-2012. The mechanism of injury is not detailed. Diagnoses include cervicogenic headache, multilevel cervical degenerative disc disease, multilevel lumbar degenerative disc disease, and lumbosacral radiculopathy. Treatment has included oral and topical medications, cervical spine epidural steroid injection, and transforaminal epidural steroid injections. Physician notes dated 7-9-2015 show complaints of low back pain with radiation to the bilateral lower extremities and cervical spine pain with bilateral upper extremity symptoms, spasms, and locking. The worker rates his pain 9 out of 10 without medications and 6 out of 10 with medication. Physical examination shows cervical paraspinous tenderness, decreased sensation in the C5 and C6 dermatomes, lumbar paraspinous tenderness, decreased lumbar spine range of motion, positive bilateral straight leg raise, and bilateral hypesthesia decrease in the L4 and L5 dermatomes. Recommendations include physical therapy, Norco, Gabapentin, stop Diclofenac for surgery, Flexeril only to be used as needed, surgical intervention, and follow up in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thirty day rental of DVT Prophylaxis (Vascutherm): 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 Official Disability Guidelines (ODG) Knee chapter and pg 69.

Decision rationale: According to the guidelines, venous thromboembolism prophylaxis is recommended for those at high risk (prior DVT, non-ambulatory, etc) or those with leg injuries. Appropriate intervention would be with compression garments and use of heparin. In this case, the claimant had spinal fusion but was ambulatory. There were no prior risk factors. The claimant was already provided compression. The request for a Vascutherm device for 30 days is not medically necessary.

Purchase of a compression wrap: Overturned

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 Official Disability Guidelines (ODG) Knee chapter and pg 17.

Decision rationale: According to the guidelines compression wraps are recommended for prevention of DVT. In this case, the claimant had undergone lumbar spinal fusion. The claimant was ambulatory but not at baseline function. As a result, the request for compression wrap is appropriate.