

<b>Case Number:</b>	CM15-0184247		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	10/10/2014
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	08/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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: Montana, Oregon, Idaho

Certification(s)/Specialty: Orthopedic 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 is a 51 year old male, whose date of injury was October 10, 2014. Medical documentation indicated the injured worker was treated for cervical disc degeneration. A medical evaluation on April 29, 2015 revealed limited range of motion of the cervical spine with lateral rotation to 20 degrees, extension to 30 degrees, and flexion to 60 degrees. He had pain at the end points of motion and had a positive Spurling's sign in the left upper extremity. The evaluating physician recommended cervical spine surgical intervention and post-operative rental of Veno Pro times 2 weeks post-op Cervical spine surgery. On 8-17-15 the injured worker continued to report severe pain in the neck and bilateral arms. He had physical therapy but that made it worse. He had headache and bilateral left shoulder pain. A previous epidural steroid injection did not help and he reported using 5 Norco 10 mg per day. He had cervical flexion to 20 degrees, extension to 10 degrees, and lateral rotation to 20 degrees bilaterally. He had tenderness to palpation in the posterior aspect of the cervical spine with paraspinal muscle spasm. He had a mildly positive Hoffman's reflex. CT myelogram on 8-11-15 was documented as revealing status post previous C5-C6 anterior cervical fusion, C4-5 disc osteophyte complex with moderate central stenosis and mild myelopathy; C4-5 disc osteophyte complex with moderate central stenosis and mild myelopathy; industrial aggravation of C6-7 spondylosis with severe neck pain and mild bilateral foraminal stenosis; industrial aggravation of C7-T1 spondylolisthesis and right shoulder SLAP tear. A request for authorization for rental of Veno Pro for two weeks post-operative cervical spine surgery was received on August 20, 2015. On August 29, 2015, the Utilization Review

physician determined a rental of Venio Pro for two weeks post-operative cervical spine surgery was not medically necessary based on the Official Disability Guidelines.

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

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

#### **Rental of Venio Pro X2 weeks post operative Cervical Spine Surgery: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and Leg.

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

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of venous duplex. According to the ODG, knee and leg section, venous thrombosis, "Recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy". In this case the exam notes from 8/17/15 do not justify a prior history or current risk of deep vein thrombosis to justify mechanical venous thromboembolic prophylaxis. Following cervical spine surgery early mobilization should be employed as a first line modality for post operative prophylaxis in addition to consideration of chemoprophylaxis. There is no other pertinent medical history provided in any of the documentation which would support the injured worker as being high risk for developing deep venous thrombosis. Therefore the determination is not medically necessary.