

Case Number:	CM15-0190691		
Date Assigned:	10/02/2015	Date of Injury:	12/11/2014
Decision Date:	11/10/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/28/2015

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: Illinois, California, Texas
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 injured worker is a 37-year-old male who sustained an industrial injury on 12/11/14. Injury was reported relative to cumulative trauma as a bus operator. Past medical and surgical history was negative. The 6/23/15 lumbar spine MRI impression documented disc desiccation and narrowing at L4/5 with 3-4 mm of retrolisthesis and a 5 mm central broad-based disc herniation/extrusion contributing to moderate L5 lateral recess stenosis, minimal central canal stenosis, proximal foraminal stenosis, and a minute central Schmorl's node of the inferior endplate at L4. The injured worker underwent left L4 and L5 hemi-lam, transpedicular microdiscectomy far lateral decompression left L4/5, and neurolysis of adhesions left L5 on 6/26/15. Retrospective authorization was requested for deep vein thrombosis (DVT) pneumatic compression device and segmental pneumatic garments half leg time x 2 on date of service 6/26/15. The 9/2/15 utilization review non-certified the retrospective request for DVT pneumatic compression device and segmental pneumatic garments half leg times two (x2) on date of service 6/26/15 as performance of the surgery could not be confirmed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for deep venous thrombosis (DVT) pneumatic compression device (DOS 6/26/2015): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg Chapter (Acute & Chronic), Venous Thrombosis.

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, Venous Thrombosis.

Decision rationale: The California MTUS guidelines are silent with regard to deep vein thrombosis (DVT) prophylaxis. The Official Disability Guidelines (ODG) recommended identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures, such as consideration for anticoagulation therapy. Guideline criteria have not been met. There are limited DVT risk factors identified for this patient. There is no documentation that anticoagulation therapy would be contraindicated, or standard compression stockings insufficient, to warrant the use of mechanical prophylaxis. Therefore, this request is not medically necessary.

Associated services: Retrospective request for segmental pneumatic garments half leg time two (x2) (DOS 6/26/2015): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg Chapter (Acute & Chronic), Venous Thrombosis.

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, Venous Thrombosis.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.