

Case Number:	CM15-0197331		
Date Assigned:	10/12/2015	Date of Injury:	04/13/2014
Decision Date:	11/30/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/07/2015

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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 57 year old female who sustained an industrial injury 04-13-14. A review of the medical records reveals the injured worker is undergoing treatment for a L5-S1 protrusion with right neural encroachment, lumbar radiculopathy and sprain-strain. Medical records (08-12-15) reveal the injured worker complains of low back pain unit with left greater than right lower extremity symptoms. The pain is not rated. The physical exam (08-12-15) reveals lumbar spine tenderness and diminished range of motion in the lumbar spine. Prior treatment includes medications. The treating provider (08-12-15) reports the plan is for lumbar decompression. The original utilization review (09-29-15) non-certified the request for a home deep vein thrombosis unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home DVT Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Frontera: Essentials of Physical Medicine and Rehabilitation, 1st Ed. Chapter 104 - Deep Vein Thrombosis; Official Disability Guidelines, Venous Thrombosis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online, Knee and Leg, venous thrombosis.

Decision rationale: The patient presents with pain affecting the lumbar spine. The current request is for Home DVT Unit. The treating physician report dated 8/12/15 (29B) states, Proceed with lumbar decompression. The progress report provides no rationale for the current request. ODG guidelines, Knee & Leg chapter under venous thrombosis states; "Risk factors for venous thrombosis include immobility, surgery, and prothrombotic genetic variants. Studies have addressed the risk for thrombosis following major injury, and minor events, including travel, minor surgery, and minor trauma, are linked to a 3-fold increased risk for venous thrombosis. Venothromboembolism (VTE) is an important condition in hospitalized patients accounting for significant morbidity and mortality. Those at high risk should be considered for anticoagulation therapy during the post-hospitalization period. The ODG guidelines recognize DVT risk factor as orthopedic surgery and hospitalization. In this case, the treating physician is attempting to prepare the patient for post-operative rehabilitation, but does not provide any risk factors for perioperative thromboembolic complications. Vasopneumatic compressive devices are medically necessary for those patients who are unable to walk and are bedridden. Furthermore, there is no documentation that the patient will be bedridden or unable to walk following surgery. The current request does not satisfy the ODG guidelines. The current request is not medically necessary.