Case Number:	CM15-0021262		
Date Assigned:	02/10/2015	**Date of Injury:**	11/10/2011
Decision Date:	04/07/2015	**UR Denial Date:**	01/20/2015
Priority:	Standard	**Application Received:**	02/03/2015

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, Texas
Certification(s)/Specialty: Internal Medicine

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 46 year old male, who sustained an industrial injury reported on 11/10/2011. He has reported ongoing, radiating low back pain; and inquiring about surgical options for the lumbar spine. The diagnoses were noted to have included lumbar spine degenerative disc disease; lumbar radiculopathy; lumbar stenosis; and left knee arthralgia. Treatments to date have included consultations; diagnostic imaging studies; lumbar epidural steroid injection therapy (9/12 & 4/13); 24 acupuncture treatments, 24 chiropractic treatments; transforaminal lumbar epidural steroid injections (most recently on 5/16/14); electromyogram and nerve conduction studies of the bilateral lower extremities (7/15/14); home exercise program; and medication management. Noted was micro-lumbar decompression surgery set for 1/13/2015. The work status classification for this injured worker (IW) was noted to be permanent and stationary, and working modified duty. On 1/20/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 1/12/2015, for deep vein thrombosis (DVT), RR; wrap for the right DVT; and wrap for the left DVT. The Medical Treatment Utilization Schedule; the e-medicine website for deep vein thrombosis prophylaxis in orthopedic surgery, mechanical methods; and ACCP recommendations for elective spine surgery Aetna clinical policy, intermittent pneumatic compression devices for the legs; were cited. The primary physician's PR-2, dated 10/16/2014, shows the recommendation for lumbar surgery, and the panel qualified medical evaluator's supplemental report, dated 10/22/2014, notes this IW is not a candidate for surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Deep vein thrombosis (DVT) Relative risk (RR): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://emedicine.medscape.com/article/1268573-overview#aw2aab6b3, Deep Venous Thrombosis Prophylaxis in Orthopedic Surgery, Authoc RobertS Ennis, MD, FACS; Chief Editoc Harris Gellman, MD updated 7/12/11.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UptoDate.com. Overview of the causes of VTE, Prevention of VTE in the surgical patient.

Decision rationale: According to Uptodate.com, acquired risk factors or predisposing conditions for thrombosis include a prior thrombotic event, recent major surgery, presence of a central venous catheter , trauma, immobilization, malignancy, pregnancy, the use of oral contraceptives or heparin, myeloproliferative disorders, antiphospholipid syndrome (APS). The risk of post-operative VTE depends upon a number of factors related to the surgical procedure itself (eg, degree of invasiveness, type and duration of anaesthesia, requirement for immobilization) [62,63], as well as a number of patient-related adverse risk factors [15,24,25,64-66]. (See "Overview of the causes of venous thrombosis", section on 'Acquired risk factors'.)-Increasing age-Prior VTE in patient or family members-Presence of malignancy or obesity-Presence of an inherited or acquired hypercoagulable state-One or more significant medical comorbidities (eg, heart disease, infection, inflammatory conditions, recent stroke, preoperative sepsis)In addition, certain procedures can be shown to increase thrombin generation, further increasing thrombotic risk (eg, reaming out of the femur during total hip replacement surgery) [67].The 2012 ACCP Guidelines have divided patients undergoing surgical procedures into very low, low, moderate, or high risk groups [68]. Although there have been many attempts to quantitate these risks, no one method has been found to be universally acceptable. Thus, the caveat is that if a patient has additional risk factors, consideration should be given to either increasing the intensity or the duration of the prophylactic agent [25,38].The most widely tested surgical risk assessment model (the Modified Caprini Risk Assessment Model, Caprini score). In this case the patient is a 46 year old man who is scheduled for an elective back surgery, micro-lumbar decompensation that is arthrosopic. The documentation doesn't support that he has any inherent increase in risk factors for a DVT. There is no period of prolonged immobilization expected. His age and surgical risk would put him at moderate risk and prophylaxis against VTE would be medically appropriate.

Wrap for DVT-RT, NU: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UptoDate.com. Overview of the causes of VTE, Prevention of VTE in the surgical patient.

Decision rationale: According to Uptodate.com, acquired risk factors or predisposing conditions for thrombosis include a prior thrombotic event, recent major surgery, presence of a central venous catheter , trauma, immobilization, malignancy, pregnancy, the use of oral contraceptives or heparin, myeloproliferative disorders, antiphospholipid syndrome (APS). The risk of post-operative VTE depends upon a number of factors related to the surgical procedure itself (eg, degree of invasiveness, type and duration of anaesthesia, requirement for immobilization) [62, 63], as well as a number of patient-related adverse risk factors [15,24,25,64-66]. (See "Overview of the causes of venous thrombosis", section on 'Acquired risk factors'.)-Increasing age-Prior VTE in patient or family members-Presence of malignancy or obesity-Presence of an inherited or acquired hypercoagulable state-One or more significant medical comorbidities (eg, heart disease, infection, inflammatory conditions, recent stroke, preoperative sepsis)In addition, certain procedures can be shown to increase thrombin generation, further increasing thrombotic risk (eg, reaming out of the femur during total hip replacement surgery) [67].The 2012 ACCP Guidelines have divided patients undergoing surgical procedures into very low, low, moderate, or high risk groups [68]. Although there have been many attempts to quantitate these risks, no one method has been found to be universally acceptable. Thus, the caveat is that if a patient has additional risk factors, consideration should be given to either increasing the intensity or the duration of the prophylactic agent [25, 38].The most widely tested surgical risk assessment model (the Modified Caprini Risk Assessment Model, Caprini score). In this case the patient is a 46 year old man who is scheduled for an elective back surgery, micro-lumbar decompensation that is arthrosopic. The documentation doesn't support that he has any inherent increase in risk factors for a DVT. There is no period of prolonged immobilization expected. His age and surgical risk would put him at moderate risk and mechanical prophylaxis against VTE would be medically appropriate.

Wrap for DVT-L T, NU: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UptoDate.com. Overview of the causes of VTE, Prevention of VTE in the surgical patient.

Decision rationale: According to Uptodate.com, acquired risk factors or predisposing conditions for thrombosis include a prior thrombotic event, recent major surgery, presence of a central venous catheter , trauma, immobilization, malignancy, pregnancy, the use of oral contraceptives or heparin, myeloproliferative disorders, antiphospholipid syndrome (APS). The risk of post-operative VTE depends upon a number of factors related to the surgical procedure itself (eg, degree of invasiveness, type and duration of anaesthesia, requirement for immobilization) [62,63], as well as a number of patient-related adverse risk factors [15,24,25,64-66]. (See "Overview of the causes of venous thrombosis", section on 'Acquired risk factors'.)-Increasing age-Prior VTE in patient or family members-Presence of malignancy or obesity-Presence of an inherited or acquired hypercoagulable state-One or more significant medical comorbidities (eg, heart disease, infection, inflammatory conditions, recent stroke, preoperative sepsis)In addition, certain procedures can be shown to increase thrombin generation, further increasing thrombotic

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