

<b>Case Number:</b>	CM15-0030209		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	06/26/2012
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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: California

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 38-year-old male who sustained a work related injury on June 26, 2012. There was no mechanism of injury documented. The injured worker was diagnosed with congenital narrowing of the spinal canal at L3-4, L2-L3 and L1-L2 and chronic L5-S1 facet hypertrophy with radiculopathy on the right. The injured worker underwent L5-S1 right laminectomy on October 27, 2014. There was no reported history of deep vein thrombosis, pulmonary emboli or postoperative complications. According to the primary treating physician's progress report on January 19, 2015 the patient continues to heal well posterior-operatively. Current medications are listed as Percocet, Zanaflex and Ambien. Current treatment modalities consist of physical therapy, aquatic therapy and medication. The treating physician requested authorization for Retrospective DOS 01/12/15: DVT Prophylaxis with Intermittent Limb Therapy 30 Day Rental with Wrap Purchase (Lumbar Spine). On February 10, 2015 the Utilization Review denied certification for Retrospective DOS 01/12/15: DVT Prophylaxis with Intermittent Limb Therapy 30 Day Rental with Wrap Purchase (Lumbar Spine). Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM) and Official Disability Guidelines-Treatment & Workman's Compensation (ODG-TWC).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective DOS 01/12/15: DVT Prophylaxis with Intermittent Limb Therapy 30 Day Rental with Wrap Purchase (Lumbar Spine): 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) Treatment in Workers Compensation (12th annual edition) Low Back.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation US Dept of Health and Human Services, Mechanical Prophylaxis(<http://www.guideline.gov/content.aspx?id=14724>).

**Decision rationale:** This patient presents with back pain and is s/p L5-S1 right laminectomy on 10/27/14. The treater has asked for RETROSPECTIVE DOS 1/12/15 DVT PROPHYLAXIS WITH INTERMITTENT LIMB THERAPY 30 DAY RENTAL WITH PURCHASE LUMBAR SPINE but the requesting progress report is not included in the provided documentation. There is no discussion in ODG regarding cold compression for the lumbar. Regarding DVT prophylaxis following spinal surgery, ODG guidelines are silent. Per US Department of health and Human Services National Guideline Clearinghouse (<http://www.guideline.gov/content.aspx?id=14724>), "B. Mechanical Prophylaxis, when indicated, what is the ideal time to begin mechanical prophylaxis in relation to spinal surgery. When indicated, how long should mechanical prophylaxis continue following spinal surgery. Although evidence in the spine literature is limited regarding timing and duration of mechanical prophylaxis, initiation of mechanical compression just prior to or at the beginning of surgery and continuation until the patient is fully ambulatory is a reasonable practice. While several studies cited start and stop times consistent with this recommendation, no studies specifically assessed this issue in a comparative fashion." In this case, the request is for 30 day rental with purchase. The patient is s/p laminectomy and the use of DVT prophylactic unit may be reasonable until the patient becomes ambulatory but not for 30 days and the treater does not explain why this patient needs to own this unit. A typical recovery time following this type of surgery is 1-2 days and the request IS NOT medically necessary.