

<b>Case Number:</b>	CM15-0032367		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	09/10/2013
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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: Minnesota, Florida  
 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:

The injured worker is a 40-year-old female, who sustained an industrial injury on September 10, 2013. The diagnoses have included HNP cervical spine, cervical radiculopathy, ligamentum flavum hypertrophy with spinal stenosis and lumbar radiculopathy. Treatment to date has included physical therapy, acupuncture sessions, cortisone injections and medication. The injured worker had partial laminectomy of left L4 and L5 and microdissection of the cauda equine and nerve roots on September 16, 2014. She had left-side radiculopathy and some foraminal stenosis with disk protrusion. On January 27, 2015 Utilization Review non-certified a request for retro segmental pneumatic appliance x one day rental and SCD sleeves x 2 dispensed 9/16/2014, noting that rationale for the necessity of the device for a lumbar decompressive surgery were not provided. This was an outpatient procedure with expected ambulation the same day. The Official Disability Guidelines was cited. On February 20, 2015, the injured worker submitted an application for IMR for review of retro segmental pneumatic appliance x one day rental and SCD sleeves x 2 dispensed 9/16/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Segmental Pneumatic appliance x1 day rental, SCD Sleeves x2 dispensed 9/16/14:**  
 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) Knee and Leg Chapter, Vasopneumatic de3vies (wound healing).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Knee, Topic: Venous thromboembolism, compression garments.

**Decision rationale:** ODG guidelines recommend identifying subjects who are at high risk of developing venous thrombosis and providing prophylactic measures as consideration for anticoagulation therapy. Although there is significant risk of deep vein thrombosis after lower extremity surgery such as hip and knee replacement, the risk is very small with spine surgery, particularly decompression. Routine prophylaxis for spine surgery is therefore not recommended. ODG guidelines recommend mechanical compression for total hip and knee arthroplasty in the recovery room and during the hospital stay. Pharmacologic thrombosis prophylaxis is recommended after hip or knee replacement for 28 days. However, for decompressive spine surgery intermittent pneumatic compression is not recommended unless the surgery time is expected to be unusually prolonged. Although mechanical methods do reduce the risk of deep vein thrombosis, there is no evidence that they reduce the main threat, the risk of pulmonary embolism, fatal PE or total mortality. In contrast, pharmacological methods significantly reduce all these outcomes. Stockings are recommended for prevention of venous thromboembolism except in stroke patients. As such, the request for intermittent pneumatic compression device for 1 day rental and SCD sleeves x2 is not supported and the medical necessity of the request has not been substantiated.