

<b>Case Number:</b>	CM15-0032781		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	06/25/2013
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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: 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 63-year-old male sustained an industrial injury to the neck and low back on 6/25/13. Magnetic resonance imaging cervical spine (8/21/14) showed disc bulge at C3-4, C5-6 and C6-7. Magnetic resonance imaging lumbar spine (8/1/13) showed disc bulge at L2-3, L3-4, L4-5 and L5-S1. Electromyography/nerve conduction velocity test showed lumbar radiculopathy. Treatment included a redo left L4-5 discectomy (4/17/14), physical therapy and medications. In a PR-2 dated 5/7/14, the injured worker was seen for follow-up after spine surgery on 4/17/14. The injured worker complained of ongoing low back pain. Physical exam was remarkable for lumbar spine with tenderness to palpation over the left side of the lumbar spine paraspinals in the L4-5 region and over the left posterior thigh. Current diagnoses included cervical spine sprain/strain with myofasciitis, lumbar spine radiculopathy, lumbar spine status post prior surgeries, lumbar spine with broad based disc bulge and status post motor vehicle accident. In an agreed medical evaluation dated 12/12/14, the injured worker's past medical history included spinal surgeries (1983 and 1987), prostate cancer, hypertension and hypercholesterolemia but of did not include a history of deep vein thrombosis. On 12/29/14, Utilization Review noncertified a retrospective request for Intermittent Limb Compression Device (DOS: 04/17/2014), noting lac of documentation of history of or propensity for deep vein thrombosis. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Intermittent Limb Compression Device (DOS: 04/17/2014): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.pubmed.gov](http://www.pubmed.gov) - Venous thromboembolism prophylaxis in surgical patients: identifying a patient group to maximize performance improvement. Jt Comm J Qual Patient Saf. 2011 Apr; 37(4):178-83.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Venous thrombosis.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of intermittent limb compression device. According to the ODG, knee and leg section, venous thrombosis, "Recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy." In this case the exam notes from 12/12/14 do not justify a prior history or current risk of deep vein thrombosis to justify intermittent limb compression device. Therefore the determination is for non-certification.