

Case Number:	CM15-0035452		
Date Assigned:	03/03/2015	Date of Injury:	06/01/1990
Decision Date:	04/16/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/24/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 59 year old woman sustained an industrial injury on 6/1/1990. The mechanism of injury is not detailed. Evaluations include a thoracic spine MRI dated 7/29/2014 and an MRI of the lumbar spine dated 6/3/2014. Current diagnoses include lumbar spondylosis and status post L2-L3 anterior lumbar interbody fusion and posterior decompression. Treatment has included oral medications. Physician notes dated 1/19/2015 show complaints of chronic mid and low back pain that radiates over the lower extremities. Recommendations included a tapering schedule of the Oxycontin, Continue Soma and Gabapentin, stepstool to be used to get in and out of bed, and follow up in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Deep Vein Thrombosis (DVT) prophylaxis with intermittent limp therapy: 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 up-to date guidelines, DVT prevention.

Decision rationale: The California MTUS, ACOEM and ODG do not specifically address the requested medication. Per the up-to-date medical guidelines, DVT prophylaxis is indicated in patients with increased risk of DVT such as post-surgery, prolonged immobilization or hypercoagulable states. Therefore, criteria have been met and the request is certified.