

Case Number:	CM15-0050620		
Date Assigned:	03/24/2015	Date of Injury:	07/05/2013
Decision Date:	05/04/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/17/2015

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: Maryland, Virginia, North Carolina
 Certification(s)/Specialty: Plastic 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 35-year-old male who sustained an industrial injury on 07/05/13. Initial complaints and diagnoses are not available. Treatments to date include medication and a lumbar epidural injection (ESI). Diagnostic studies were not discussed. Current complaints include lumbosacral and lower extremity pain. In a progress note dated 01/26/15 the treating provider reports the plan of care as a new lumbosacral MRI, nerve conduction studies of the bilateral lower extremities, another lumbar ESI, and possibly a lumbar microdiscectomy. The requested treatment is intermittent pneumatic compression device for deep vein thrombosis prophylaxis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intermittent pneumatic compression with DVT prophylaxis (unspecified if rental or purchase): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee chapter, venous thrombosis.

Decision rationale: The patient is a 35-year-old male who was certified for L4-L5 decompression with lumbar stabilization. The use of intermittent pneumatic compression for DVT prophylaxis is a form of mechanical prophylaxis. Its use is consistent with ODG guidelines as documented from below and should be considered medically necessary. Based on the guidelines from ODG, surgery is a risk factor for development of a deep venous thrombosis. With respect to a study from Bozic 2008, patients who received aspirin had a lower use of sequential compression devices than high-risk patients but even aspirin patients should receive sequential compression as needed. The UK Institute for Health and Clinical Excellence primarily recommend mechanical methods of VTE prophylaxis. According to AAOS, unless contraindicated, mechanical compression should be used for certain orthopedic procedures. Certification was denied for intermittent pneumatic compression for DVT prophylaxis stating that there was not a prior history of DVT to place him at high risk or that there was not a contraindication to blood thinners to indicate the need for a specialized compression device. As stated above, even in the lower risk groups in which aspirin is used, sequential compression is recommended. The requested mechanical prophylaxis is a form of sequential compression. Therefore, this request is medically necessary.