

Case Number:	CM14-0120677		
Date Assigned:	08/06/2014	Date of Injury:	04/10/2012
Decision Date:	10/06/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	07/30/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 40 year old male with an injury dated of 04/10/12. Based on the 07/21/14 progress report the patient complains of low back pain rated 8/10 that radiates to left lower extremity into the left foot. Patient is status post bilateral posterior spinal fusion, L5-S1 07/22/14. Patient presents with an antalgic gait and uses a cane. Physical examination shows normal reflexes and normal range of motion. Lumbar paraspinal muscles are tender to palpation. Sensory tests show that Left Lower Extremity has decreased sensation at left L4, L5, S1 dermatomes. Diagnosis 07/16/14 include status post decompression and degenerative disc disease as well as cervical and lumbar radiculitis, and herniated nucleus pulposus cervical and lumbar spine. The treating doctor is requesting Vascutherm pad purchase - lumbar spine. The utilization review determination being challenged is dated 07/24/14. The rationale is "Use of this device following lumbar fusion is not medically indicated." The treating doctor is the requesting provider, and he provided treatment reports from 01/31/14 - 08/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascuthorm Pad Purchase - Lumbar Spine: Overturned

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

Back (Acute & Chronic) Procedure Summary ODG Knee (Acute & Chronic) Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) DVT prophylaxis for arthroscopic knee surgery. ODG guidelines have the following regarding compression garments: Recommended. Good evidence for the use of compression is available, but little is known about dosimetry in compression, for how long and at what level compression should be applied. Low levels of compression 10-30 mmHg applied by stockings are effective in the management of telangiectases after sclerotherapy,

Decision rationale: The patient complains of low back pain rated 8/10 that radiates to left lower extremity into the left foot. The request is for Vascultherm pad purchase - lumbar spine. Patient has degenerative disc disease and is status post bilateral posterior spinal fusion, L5-S1 07/22/14. MTUS is silent on deep vein thrombosis. Official Disability Guidelines (ODG) does address post-operative treatments for DVT prophylaxis and states, "Risk factors include immobility, surgery and prothrombotic genetic variants. Aspirin may be the most effective choice to prevent pulmonary embolism (PE) and venous thromboembolism (VTE) in patients undergoing orthopaedic surgery, according to a new study examining a potential role for aspirin in these patients. Patients who received aspirin had a much lower use of sequential compression devices than high-risk patients, but even aspirin patients should receive sequential compression as needed. Using data from the prospective Million Women Study in the UK, new research suggests that the risk of venous thromboembolism (VTE) after surgery is greater and lasts for longer than has previously been appreciated. They show that the risk is greatest in the first six weeks following surgery, peaking around three weeks afterward. Current evidence suggests it is needed for inpatients undergoing many orthopedic-, general-, and cancer-surgery procedures and should be given for at least seven to 10 days. In addition, prolonged prophylaxis for four to five weeks also shows a net clinical benefit in high-risk patients and procedures. Although mechanical methods do reduce the risk of deep vein thrombosis [DVT], there is no evidence that they reduce the main threat, the risk of pulmonary embolism [PE], fatal PE, or total mortality. In contrast, pharmacological methods significantly reduce all of these outcomes." In this case, the treater does not discuss the patient's risk profile for DVT following surgery. There is no discussion regarding use of ASA or anti-coagulation. Spinal fusion surgery patients typically ambulate in 2-3 days following surgery and some form of DVT prophylaxis may be required. Given the patient's surgery, this request is medically necessary.