

Case Number:	CM14-0125297		
Date Assigned:	08/11/2014	Date of Injury:	10/03/2002
Decision Date:	10/16/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/07/2014

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 Pain Medicine, and is licensed to practice in Massachusetts. 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 claimant is a 62 year-old female with a history of a work injury occurring on 10/03/02. She continues to be treated for injuries to the left shoulder and low back. Treatments included a multilevel L3-S1 lumbar fusion and left shoulder surgery. She was seen on 08/21/13. She was having immense back pain. Medications included Norco and Celebrex. She was still using an a bone stimulator. Physical examination findings included ambulating slowly and left proximal lower extremity weakness. Imaging results showed findings of possible instability at L2-3. Additional testing was requested. On 02/06/14 an epidural injection had been done prior to shoulder surgery performed in October 2013. She was having back pain. Imaging results were reviewed. A CT scan of the lumbar spine was requested. By 02/28/14 medications were working well and without side effects. She was having difficulty sleeping. Medications were Celebrex, Norco, Zanaflex, lisinopril, and venlafaxine. On 06/26/14 the claimant had been seen for an orthopedic evaluation. Further surgery was planned. Her past medical history included hypertension, chronic pain, hot flashes, lumbar degenerative disc disease, and low back pain. She had undergone a lumbar discectomy in March 2003 with repeat disc surgery in May 2005 and a lumbar fusion in May 2003. A spinal cord stimulator had been placed in 2010. She was cleared for surgery which was done on 07/07/14. She underwent a multilevel spinal fusion with thoracic kyphoplasty and removal of a spinal cord stimulator. After surgery she was to wear a TLSO. As of 07/12/14 she was participating in physical therapy and ambulating. There was pending discharge to an SNF. As of 07/14/14 she had continued to do well. She was wearing the TLSO and continued to participate in therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

DVT prophylaxis unit for 30 days lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG for Knee and Leg regarding Venous Thrombosis

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Prevention of Venous Thromboembolism in Surgical Patients. Circulation.

Decision rationale: The claimant is more than 10 years status post work-related injury and recently underwent a revision lumbar spine fusion in July 2014. Risk factors for venous thromboembolism include advanced age, an anterior surgical approach, surgery for malignancy, a prolonged surgical procedure, and reduced preoperative and postoperative mobility. In absence of additional risk factors, early and persistent mobilization is recommended in patients undergoing elective spinal surgery. In patients with additional risk factors such as intermittent pneumatic compression may be useful. Patients with multiple risk factors benefit from the combination of pharmacological and mechanical prophylaxis. In this case, the claimant' post-operative course appears to have been uncomplicated and she was participating in physical therapy and ambulating at discharge two days after surgery. There are no identified additional risk factors and therefore use of a DVT prophylaxis unit for 30 days was not medically necessary.