

<b>Case Number:</b>	CM14-0143894		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	11/07/2012
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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 53 year old male with an injury date of 11/07/12. The 04/15/14 report by [REDACTED] states that the patient presents for a follow up examination and has been approved for surgical decompression (date unknown). The examination is noted as unchanged. The 03/27/14 report by [REDACTED] notes that examination reveals limited lumbar range of motion with pain especially with extension. He has weakness in the right extensor hallucis longus and anterior t/b, and diminished sensation along the shin, dorsum of the foot, and great toe. The patient has a slightly slow, shuffling gait and deep tendon reflexes are diminished bilaterally. The patient's diagnoses include: 1. Multilevel L2 to S1 degenerative disc disease 2. Spinal stenosis, most severe at L3-4, L4-5, and L5-S1. 3. Right leg radiculopathy with neurogenic claudication The utilization review being challenged is dated 09/03/14. Treatment reports were provided from 12/18/12 to 04/14/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro DME: DVT Prophylaxis with cold compression therapy x 30 days with Lumbar Wrap:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back Chapter, Cold/Heat packs

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Game Ready accelerated recovery system Recommended as an option after surgery, but not for nonsurgical treatment. See Continuous-flow cryotherapy. The Game Ready system combines Continuous-flow cryotherapy with the use of vaso-compression. While there are studies on Continuous-flow cryotherapy, there are no published high quality studies on the Game Ready device or any other combined system. However, in a

**Decision rationale:** The patient presents with limited lumbar range of motion with pain on extension, weakness in the right extensor hallucis longus and diminished sensation in the foot and great toe. The patient apparently is being scheduled for or has had L-spine decompression surgery and the treater requests for Retrospective DME: DVT Prophylaxis with cold compression therapy x 30 days with lumbar wrap. On 04/15/14 the treater notes the risk of Deep Venous Thrombosis in discussion with the patient. MTUS is silent on Deep Vein Thrombosis. ODG guidelines under knee chapter 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. (Bozic, 2008)" The National Guidelines Clearinghouse also recommends "mechanical compression devices in the lower extremities are suggested in elective spinal surgery to decrease the incidence of thromboembolic complications." However, for duration of use, it recommends it from just prior to or at the beginning of surgery and continuation until the patient is fully ambulatory. In this case, the request is for 30 day use of the compression therapy which is quite excessive. Spinal decompression surgery patients typically are ambulatory the next day or within couple of days. 30 day rental of compression therapy would be excessive and unnecessary for ambulatory patients and the treater does not provide any specific discussion as to why 30 days are needed. Recommendation is for denial.