MAXIMUS Federal Services

Case Number:	CM14-0149659		
Date Assigned:	09/18/2014	Date of Injury:	01/20/1993
Decision Date:	11/06/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/15/2014

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 Occupational Medicine, 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 applicant is a represented [redacted] employee who has filed a claim for low back pain reportedly associated with an industrial injury of January 28, 1993.In a Utilization Review Report dated September 05, 2014, the claims administrator partially approved a request for a 30-day rental of pneumatic compression device as a 14 day rental of the same. The claims administrator stated that he is basing his decision on ODG Guidelines but did not incorporate the same into his rationale.The applicant's attorney subsequently appealed.In a July 09, 2014 progress note, the applicant was given refills of Celexa, Valium, Flomax, Motrin, lactulose, Lyrica, immediate0release morphine, OxyContin, and Tizanidine. A Toradol injection was given in the clinic. The applicant was status post cervical fusion surgery and has a variety of issues such as depressive disorder, carpal tunnel syndrome, generalized anxiety disorder, and chronic low back pain status post lumbar fusion surgery.On August 15, 2014, the applicant reported persistent complaints of low back pain with associated neurogenic claudication and symptomatic spondylosis status post earlier failed L4-L5 laminectomy fusion. Authorization was sought for a multilevel lumbar laminectomy and fusion surgery. A lumbar brace, pneumatic intermittent compression device, bone growth stimulator, and postoperative physical therapy, medical clearance were sought. The applicant did have variety of comorbidities and was using Diltiazem, Lyrica, Flomax, Hydrochlorothiazide, Metformin, and Enalapril, Hydroxychloroquine, OxyContin, Lipitor, Sucralfate, Protonix, Morphine, Celexa, and Motrin, it was noted. The applicant, thus, did have diabetes, hypertension, and psoriasis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pneumatic compressor non-segment, 30 day rental: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Prevention of venous thromboembolism in surgical patients, Agnelli et al http://circ.ahajournals.org/content/110/24_suppl_1/IV-4.full

Decision rationale: The article at issue is a request for a mechanical DVT prophylaxis following planned lumbar fusion surgery. The MTUS does not address the topic. As noted in the review article entitled Prevention of Venous Thromboembolism in Surgical Patients, early and persistent mobilization is recommended in applicants undergoing elective spinal surgery. While applicant's with additional risk factors such as anterior surgical approach, surgery for malignancy, prolonged procedure duration, and/or advanced age may be at heightened risk for venous thromboembolism, in this case, however, there is no evidence that the applicant had any of the aforementioned risk factors present here. The applicant was diabetic, hypertensive, and psoriatic, it was acknowledged. Nevertheless, the applicant did not appear to have any contraindication to postoperative mobilization which would have warranted 30 days of mechanical prophylaxis following planned lumbar fusion surgery. Therefore, the request was not medically necessary.