

Case Number:	CM14-0210574		
Date Assigned:	12/23/2014	Date of Injury:	10/29/2008
Decision Date:	03/04/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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: Texas
 Certification(s)/Specialty: Orthopedic 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 53-year-old female who reported an injury on 10/29/2008. The mechanism of injury was not submitted for review. The patient has a diagnosis of left L4-5 disc protrusion resulting in left lower extremity radiculopathy, pseudotumor cerebri, and codeine allergy that caused rash. Physical medical treatment consists of physical therapy, epidural steroid injections, modified work duties, and medication therapy. Medications include Norco, Ultram, Flexeril, gabapentin, and ibuprofen. On 10/31/2013, the injured worker underwent an MRI of the lumbar spine without contrast which revealed degenerative disc disease with tears in the posterior annulus at the disc at L3-4, L4-5, and L5-S1. On 11/18/2014, the injured worker complained of constant low back pain. The patient stated that the pain radiates into the left lower extremity. She described the pain as severe and daily. Physical examination of the lumbar spine revealed straight leg raising was positive at 80 degrees on the left with a positive Lasegue's sign. There is negative Lasegue's sign on the right. Waddell's sign was negative. Sensory examination revealed within normal limits. Muscle strength reflexes were 1+ asymmetrically. Motor strength testing revealed 5/5 other than the left extensor hallucis longus which was 5-/5. Medical treatment plan is for the injured worker to undergo left L4-5 laminectomy, discectomy to treat the radicular pain. The provider feels that the surgery is necessary seeing as that the injured worker is at high risk for continued falls. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical services: Blood donation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: Ponnusamy, K. E., Kim, T. J., & Khanuja, H. S. (2014). Perioperative Blood Transfusions in Orthopaedic Surgery. *The Journal of Bone & Joint Surgery*, 96(21), 1836-1844.

Decision rationale: The request for associated surgical services: Blood donation is not medically necessary. CA MTUS/ACOEM and Official Disability Guidelines do not address this request. Current clinical evidence does not justify transfusions for a hemoglobin level of >8 g/dL in the absence of symptoms. It was indicated that the patient was approved for surgery. However, there were no significant factors submitted for review indicating the need for blood transfusion. As such, the request is not medically necessary.

Associated surgical services: DVT Wrap: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation A report by Kim, HJ, et al, February 2011 and Takahashi, H., et al., March 2012

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Venous thrombosis Q-Tech DVT prevention.

Decision rationale: The request for associated surgical services: DVT Wrap is not medically necessary. According to the ODG, minor injuries in the leg are associated with greater risk of venous thrombosis. The relative risk for venous thrombosis is 3 fold greater following minor surgery, especially if injury occurs in the 4 weeks prior to thrombosis, is located in leg, and involves multiple injuries or rupture of muscle or ligament. Risk factors for venous thrombosis including mobility, surgery, prothrombotic genetic variance. Patients who are at high risk for venothromboembolism, should be considered for anti-coagulation therapy during the post-hospitalization period. Current evidence suggests it is needed in patients undergoing many orthopedic, general, and cancer surgery procedures and should be given for at least 7 to 10 days. It was indicated that the injured worker was approved for surgery. However, the request did not specify the duration for the requested DVT system. Given the above, the request is not medically necessary.