

Case Number:	CM14-0211568		
Date Assigned:	12/24/2014	Date of Injury:	03/04/2013
Decision Date:	03/03/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/17/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 worker is a 50-year-old male with an original industrial injury on March 4, 2013. The industrial diagnoses include chronic neck pain, upper extremity pain, and the patient has a history of cervical discectomy and fusion. Conservative treatment to date has included pain medications, physical therapy, and activity restriction prior to the cervical spine surgery. The disputed request is for a segmental pneumatic truck and inter limb compression device from dates of service July 28, 2014 to August 26, 2014. A utilization review determination on December 11, 2014 had non-certified this request. The rationale for this denial was that medical anticoagulation should be the first line of treatment, and there was no evidence that the patient would be better restricted. Furthermore, the reviewer noted that the timeframe for this request was not the immediate postoperative period.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inter limb compress device: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 2. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Fang M. "Use and Outcomes of Venous Thromboembolism Prophylaxis after Spinal Fusion Surgery." *J Thromb Haemost.* 2011 Jul; 9(7): 1318-1325. National Institute of Health and Clinical Excellence (NICE) guidelines. American College of Chest Physicians 8th Guidelines on Antithrombotic and Thrombolytic Therapy. NASS Guidelines on DVT Prophylaxis following spine surgery.

Decision rationale: In the case of this injured worker, there is documentation in a note that the patient had cervical fusion from C4 to seven on July 25, 2014. DVT risk assessment indicated that the patient had identifying factors of older age and surgery lasting over three hours. Therefore the patient was deemed to be a higher risk for thromboembolism. With regard to cervical spine surgery, there are many different national guidelines specifying different protocols for DVT prophylaxis. Therefore, among individual spine surgeons, there can be great variation. The ACCP 8th edition guidelines do not specify whether mechanical or medical thromboembolism is preferred in the subset of patients. However, the North American spine Society does recommend mechanical over medical prophylaxis for DVT prevention. Specifically, NASS specifies that mechanical prophylaxis is recommended after spine surgery, and low molecular weight heparin for routine procedures should be held unless there are additional risk factors for VTE. Therefore, it is reasonable in this case to have an intervention within compression device for prophylaxis. This request is medically necessary.