

Case Number:	CM15-0016437		
Date Assigned:	02/04/2015	Date of Injury:	03/08/2007
Decision Date:	03/30/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/28/2015

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

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 54-year-old male who reported an injury on 03/08/2007. The mechanism of injury was not provided. The documentation of 12/22/2014 revealed the injured worker was utilizing Norco 10/325 mg 4 pills per day and Butrans 20 mcg/hour patches. The injured worker was noted to have failed trials of baclofen and Robaxin. The injured worker was reporting severe side effects from ibuprofen 800 mg. The injured worker had low back pain radiating down to his left lower extremity to the level of his heel. The injured worker reported pain radiating from his low back into his left testicle. Prior therapies included chiropractic care, acupuncture, and physical therapy. The injured worker underwent a spinal cord stimulator trial on 08/15/2014. There was no specific request per the submitted documentation for the DVT prevention unit. The prior surgical intervention included an L4-5 posterior spinal fusion. The documentation indicated the injured worker underwent a T10-11 thoracic laminectomy for the placement of a spinal cord stimulator. The rationale and Request for Authorization were not submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mechanical compression device and sleeves for VTE prophylaxis, 30-day rental, per 08/15/14 form. Qty: 1.00: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee & Leg Chapter, Venous Thrombosis, Compression Garments

Decision rationale: The Official Disability Guidelines indicate that injured workers should be assessed for a risk of deep vein thrombosis and if found to be at risk, should be treated prophylactically. Additionally, they recommend compression garments, including thromboembolitic hose for prevention of DVT. There was a lack of documented rationale indicating the injured worker had been found to be at risk for venous thrombosis. There was a lack of documented rationale. Given the above, the request for mechanical compression device and sleeves for VTE prophylaxis, 30-day rental, per 08/15/14 form. Qty:1.00: is not medically necessary.