

Case Number:	CM15-0123768		
Date Assigned:	07/08/2015	Date of Injury:	10/12/2009
Decision Date:	08/11/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	06/26/2015

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: Arizona, Texas

Certification(s)/Specialty: Internal Medicine

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 59-year-old female, who sustained an industrial injury on 10/12/09. The injured worker was diagnosed as having residual postoperative low back pain with right lower extremity radiculopathy secondary to increased disc herniation at right L4-5 and progressing foraminal stenosis at L4-5. Treatment to date has included right L4-5 nerve root blocks, L3-4 and L4-5 spinal fusion on 9/6/12, and medication including Naprosyn, Tramadol, and Dilaudid. Currently, the injured worker complains of low back pain with radiation and numbness to the anterior right thigh. The treating physician requested authorization for a deep vein thrombosis prophylaxis unit with intermittent limb therapy x30 days. The treatment plan included lumbar interbody fusion at L4-5. The treating physician noted due to the injured worker's age, trace enema, and hours spend in surgery the injured worker would be at high risk of deep vein thrombosis and pulmonary embolism.

IMR ISSUES, DECISIONS AND RATIONALES

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

DVT (deep vein thrombosis) Prophylaxis unit with Intermittent Limp Therapy (30 days):
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 & Leg - Venous thrombosis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) DVT Proph and Other Medical Treatment Guidelines UptoDate.com.

Decision rationale: According to the ODG a DVT prophylaxis unit with intermittent limb therapy is recommended for patients who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. According to UptoDate.com, high risk patients include those having abdominal-pelvic surgery, increasing age, prior VTE in patient or family members, presence of malignancy or obesity, presence of an inherited or acquired hypercoagulable state and one or more significant medical comorbidities (heart disease, infection, inflammatory conditions, recent stroke and pre-operative sepsis). IPC (intermittent pneumatic compression) is an alternative for VTE prevention in patients with a high risk of bleeding or in whom anti-coagulation is contraindicated (eg, active or intracranial hemorrhage). In this case, the patient is a 59-year-old woman who is planned for an elective fusion of L4-5 without any documented medical comorbidities. The documentation doesn't support that the patient is at high risk for VTE or that she has a contraindication to pharmacologic anticoagulation. The medical necessity is not established.