MAXIMUS Federal Services

Case Number:	CM15-0026077		
Date Assigned:	02/18/2015	Date of Injury:	05/16/2006
Decision Date:	04/03/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	02/11/2015

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: 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 40 year old male, who sustained an industrial injury on 5/16/2006. He reports a back injury. Diagnoses include deep vein thrombosis of the bilateral lower extremities, status post anterior/posterior fusion at the lumbar 4-sacral 1 on 5/30/2008, pseudo-arthrosis at lumbar 5 to sacral 1 and bowel incontinence. Treatments to date include medication management. A progress note from the treating provider dated 11/4/2014 indicates the injured worker reported low back pain and bilateral lower extremity pain. On 1/7/2015, Utilization Review modified the request for a blood test-prothrombin time/INR -every two weeks to every two weeks for 4 weeks, citing the National Guideline Clearinghouse.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PT/INR blood test every 2 weeks: 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 FDA Prescribing Information Coumadin Warfarin, http://www.drugs.com/pro/coumadin.html.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) do not address PT/INR blood tests. FDA guidelines indicates that for venous thromboembolism, adjust the warfarin dose to maintain a target INR of 2.5 (INR range, 2.0-3.0) for all treatment durations. For patients with a DVT deep vein thrombosis or PE pulmonary embolism secondary to a transient (reversible) risk factor, treatment with warfarin for 3 months is recommended. For patients with an unprovoked DVT or PE, treatment with warfarin is recommended for at least 3 months. After 3 months of therapy, evaluate the risk-benefit ratio of long-term treatment for the individual patient. Medical records document a history of deep venous thrombosis. The patient has been prescribed Coumadin (Warfarin). The procedure report dated 8/27/13 documented inferior vena cava filter placement for lower extremity deep venous thrombosis. The request for authorization date 1/8/15 requested PT/INR blood tests to be performed every two weeks for an indefinite period. FDA guidelines do not support the request for PT/INR blood tests for an indefinite period. Because duration of the PT/INR testing period is not specified, the request for PT/INR testing for an indefinite period cannot be endorsed. Therefore, the request for PT/INR blood tests for an indefinite period is not medically necessary.