

Case Number:	CM15-0060377		
Date Assigned:	04/06/2015	Date of Injury:	06/13/2007
Decision Date:	06/30/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	03/30/2015

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 51-year-old female with an industrial injury dated 06/13/2007. The mechanism of injury is documented as a fall down some stairs. Her diagnoses included post lumbar laminectomy pain syndrome, lumbago, thoracic pain and chronic pain syndrome. Prior treatments included diagnostics, thoracic epidural steroid injections, physical therapy (20 visits) lumbar epidural steroid injections, intrathecal pump, multiple surgeries (lumbar fusion), pool therapy, acupuncture (12 visits) and home health assistance. Co morbid diagnosis was atrial fibrillation. She presents on 02/09/2015 for follow up of low and mid back pain. She rates the pain as 7-8/10 on the pain scale. She was taking Dilaudid for pain and rated her pain as 7/10 with medications and 8-10/10 without medication. Physical exam noted tenderness to palpation along bilateral low thoracic and upper lumbar and lower lumbar paraspinal muscles. There was also tenderness to palpation to overlying bilateral sacroiliac joints. The provider had recommended surgery. This request is for DVT pneumatic compression and post-operative vascutherm cold compression unit rental 14 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

DVT pneumatic compression 1 day rental: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-knee and leg chapter, venous thrombosis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Chapter Knee & Leg under venous thrombosis.

Decision rationale: The 51-year-old patient presents with chronic low back pain and is status post L1-S1 fusion with three surgeries in August 2012, and L5-S1 fusion, as per internal medicine report dated 03/19/15. The request is for DVT PNEUMATIC COMPRESSION X 1 DAY RENTAL. No RFA could be found for this case, and the patient's date of injury is 06/13/07. The patient rates that pain at 8/10 with medications and 10/10 without medications, as per progress report dated 03/10/15. Diagnoses included lumbago, thoracic pain, chronic pain syndrome, and post-lumbar laminectomy syndrome. Medications, as per progress report dated 02/09/15, included Dilaudid, Zanaflex, Zofran and Gabapentin. The patient's disability status has been determined as permanent and stationary. ODG guidelines, Chapter Knee & Leg under venous thrombosis states, "Risk factors for venous thrombosis include immobility, surgery, and prothrombotic genetic variants. Studies have addressed the risk for thrombosis following major injury, and minor events, including travel, minor surgery, and minor trauma, are linked to a 3-fold increased risk for venous thrombosis. Venothromboembolism (VTE) is an important condition in hospitalized patients accounting for significant morbidity and mortality. Those at high risk should be considered for anticoagulation therapy during the post-hospitalization period. (Yale, 2005) Aspirin may be the most effective choice to prevent pulmonary embolism (PE) and venous thromboembolism (VTE) in patients undergoing orthopaedic surgery, according to a new study examining a potential role for aspirin in these patients. Patients who received aspirin had a lower VTE risk score than the patients who received warfarin. Patients who received aspirin had a much lower use of sequential compression devices than high-risk patients, but even aspirin patients should receive sequential compression as needed." In this case, none of the reports discuss this request. The patient has been authorized for hardware removal and exploration of fusion L1-S1 and possible revision fusion at L1-2, as per progress report dated 02/09/15. The patient has no contraindications for the surgery, as per internal medicine report dated 03/19/15. The request for DVT compression device rental is possibly related to this procedure. The ODG guidelines recognize DVT as a risk factor during orthopedic surgery and hospitalization. Hence, the request IS medically necessary.

Post operative Vascutherm cold compression unit rental for 14 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 (ODG)-knee and leg chapter, cold compression therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines chapter Knee & Leg (Acute & Chronic) chapter, Venous Thrombosis.

Decision rationale: The 51-year-old patient presents with chronic low back pain and is status post L1-S1 fusion with three surgeries in August 2012, and L5-S1 fusion, as per internal medicine report dated 03/19/15. The request is for VASCUTHERM COLD COMPRESSION UNIT RENTAL X 14 DAYS POST OP. No RFA could be found for this case, and the patient's date of injury is 06/13/07. The patient rates that pain at 8/10 with medications and 10/10 with medications, as per progress report dated 03/10/15. Diagnoses included lumbago, thoracic pain, chronic pain syndrome, and post-lumbar laminectomy syndrome. Medications, as per progress report dated 02/09/15, included Dilaudid, Zanaflex, Zofran and Gabapentin. The patient's disability status has been determined as permanent and stationary. MTUS is silent about Vascutherm. However, ODG guidelines, chapter & Knee & Leg (Acute & Chronic) and topic 'Venous Thrombosis', allow for short-term post-operative use for 7 days. ODG states that no research shows any additional added benefit for more complicated cryotherapy units over conventional ice bags or packs. Regarding Vascutherm with DVT prophylaxis, ODG states that ASA may be the most effective choice to prevent PE and DVT in patients undergoing orthopedic surgery, but even ASA patients should receive sequential compression as needed. When looking at various devices, data from Million Women Study in the UK suggested that the risk of DVT after pelvic and acetabular surgery is greater and lasts for longer than has previously been appreciated. They showed that the risk is greatest in the first six weeks following surgery, peaking around three weeks afterward. In this case, none of the reports discusses this request. The patient has been authorized for hardware removal and exploration of fusion L1-S1 and possible revision fusion at L1-2, as per progress report dated 02/09/15. The patient has no contraindications for the surgery, as per internal medicine report dated 03/19/15. The request for Vascutherm unit is possibly related to this procedure. ODG guidelines, however, recommend only 7 days of post-operative use. The treater's request for a 14-day rental exceeds this recommendation and IS NOT medically necessary.