

Case Number:	CM15-0077212		
Date Assigned:	04/28/2015	Date of Injury:	03/28/2014
Decision Date:	05/26/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/22/2015

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, California
 Certification(s)/Specialty: Family Practice

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 sustained a work related injury March 28, 2014. According to a primary treating physician's progress report, dated March 11, 2015, the injured worker presented for follow-up evaluation. His interbody fusion was approved and he is scheduled for surgery March 31, 2015. He has ongoing pain in his back and intermittent numbness and tingling in his legs. On examination, he is focally tender at the lumbosacral junction, motor strength intact, and diminished range of motion of the lumbar spine noted. Diagnoses are spondylolisthesis L5-S1 with severe foraminal stenosis; cervical sprain/strain with multilevel cervical spondylosis; right shoulder contusion; right sided AC sprain versus arthrosis; multilevel cervical spondylosis C3-T1 with a left-sided foraminal herniation, osteophyte at the C3-C4 level, moderate severe bilateral foraminal stenosis at C5-C6 and severe left sided foraminal stenosis at C7-T1. According to a discharge summary, dated April 3, 2015, the injured worker was admitted for planned surgery; anterior lumbar wide and radical discectomy, decompression of neural elements and interbody fusion using PEEK structural cage L5-S1 on March 31, 2015. A prescription of medical necessity dated March 31, 2015, requested a cold pneumatic compression therapy unit, 21-30 day rental and a DVT (deep vein thrombosis) prophylaxis unit rental 21-30 days. At issue, is the request for a DVT Prophylaxis unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

DVT Prophylaxis unit: 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 ODG- knee chapter and pg 16.

Decision rationale: According to the guidelines, compression therapy is not mentioned in the low back chapter but noted in the knee chapter. Compressions for DVT prophylaxis is recommended but dose and length of use is not well studied. It is recommended for use in 7-10 days post-op. In this case, the request was for 21-30 days post op. There is no indication that the claimant will be immobile for up to a month post-op to increase risk of DVT. The length of request exceeds the guideline limits and is not medically necessary.