

<b>Case Number:</b>	CM14-0173010		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	05/07/2013
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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. The expert reviewer is Board Certified in Orthopedic Spine Surgeon and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 27-year-old male who reported injury on 05/07/2013. The documentation indicated the injured worker was approved for an L5-S1 left microlumbar decompression. The prior treatments and testing included MRI of the lumbar spine, an EMG/NCV, MRI of the cervical and thoracic spine, acupuncture, TENS unit, lumbar epidural steroid injection, medication, chiropractic treatment, and laboratory studies. There was no DWC Form RFA submitted for the requested service. The mechanism of injury was not provided. The documentation of 08/29/2014 revealed the injured worker was taking the medications including Norco 10/325 four times per day and Prilosec 1 time per day for gastritis. The injured worker had persistent neck pain which was rated a 4/10 to 5/10 on the pain scale. The pain radiated into the bilateral shoulders. The injured worker had persistent low back pain rated a 7/10. The pain was a stabbing pain. It radiated into the right buttocks and into the top of the thigh. It radiated down the left lower extremity to the foot and was accompanied by cramping. The objective findings revealed decreased sensation to the left L4, L5, and S1 dermatomes and decreased strength. The treatment plan included a discectomy at L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DVT in OR:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website [http://venoushealth.com/wp-content/uploads/2011/06/DVT\\_Web\\_IPC-and-DVT-prevention.pdf](http://venoushealth.com/wp-content/uploads/2011/06/DVT_Web_IPC-and-DVT-prevention.pdf).

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

**Decision rationale:** The Official Disability Guidelines (ODG) indicated that injured workers should be assessed for a risk of venous thrombosis prior to surgical intervention. Additionally, they indicate that compression garments are appropriate for the prevention of deep vein thrombosis. The clinical documentation submitted for review failed to indicate the injured worker was at high risk for venous thrombosis. There was a lack of documentation indicating the injured worker would not have the ability to utilize compression stockings versus a DVT compression device. The request as submitted failed to indicate the duration of use. There was no documented rationale for the use of the unit. Given the above, the request for DVT in OR is not medically necessary.

**Wrap for DVT, right side:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website [www.odgtwc.com/pdgtwc/knee/htm#Venousthrombosis](http://www.odgtwc.com/pdgtwc/knee/htm#Venousthrombosis)

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

**Decision rationale:** As the request for the DVT in OR was found to be not medically necessary, the request for Wrap for DVT, right side is not medically necessary.

**Wrap for DVT, left side:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website [www.odgtwc.com/pdgtwc/knee/htm#Venousthrombosis](http://www.odgtwc.com/pdgtwc/knee/htm#Venousthrombosis)

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

**Decision rationale:** As the request for the DVT in OR was found to be not medically necessary, the request for Wrap for DVT, left side is not medically necessary.