

Case Number:	CM15-0107436		
Date Assigned:	06/11/2015	Date of Injury:	12/09/2014
Decision Date:	10/19/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	06/03/2015

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: Emergency 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 43 year old male who sustained an industrial injury on 12-09-2014. According to a neurological consultation report dated 02-12-2015, the injured worker had pain that followed the S1 dermatomal distribution as well as weakness and numbness sensation that supported MRI findings of compression of the right S1 nerve root. The MRI showed that the S1 nerve root had completely been obliterated by the disc herniation at the L5-S1 level. The provider requested authorization for right L5-S1 microdiscectomy and foraminotomy. An authorization request dated 02-13-2015 was submitted for review the requested services included microdiscectomy and foraminotomy for right L5-S1 and deep vein thrombosis prophylaxis for 30 days. A written order-prescription-deep vein thrombosis risk assessment form dated 03-11-2015 noted that the injured worker was at high risk for deep vein thrombosis. There was a contraindication to anticoagulants due to bleeding risk. A prescription was written for deep vein thrombosis prophylaxis unit with intermittent limb therapy rental for 30 days. On 03-18-2015 the injured worker underwent osteotomy for removal of a large osteophyte, right L5-S2 laminotomy, medial facetectomy, fluoroscopy for a period of 2 hours and advanced minimal invasive technique. The provider noted that the operation was extremely difficulty due to the calcification of the disk at the L5-S1 level and the fact that the injured worker already had an operation in the past before that caused a significant amount of scar tissue covering the thecal sac. On 05-06-2015, Utilization Review non-certified the request for intermittent compression device for deep vein thrombosis prophylaxis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intermittent Compression Device for DVT (Deep Vein Thrombosis) Prophylaxis:
Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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, Acute & Chronic.

Decision rationale: The requested Intermittent Compression Device for DVT (Deep Vein Thrombosis) Prophylaxis is medically necessary. CA MTUS is silent. CA MTUS is silent. Official Disability Guidelines; Knee & Leg, Acute & Chronic, note: "Recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. Minor injuries in the leg are associated with greater risk of venous thrombosis." The injured worker has underwent osteotomy for removal of a large osteophyte, right L5-S2 laminotomy, medial facetectomy, fluoroscopy for a period of 2 hours and advanced minimal invasive technique. The provider noted that the operation was extremely difficulty due to the calcification of the disk at the L5-S1 level and the fact that the injured worker already had an operation in the past before that caused a significant amount of scar tissue covering the thecal sac. As the injured worker underwent lumbar surgery and would be anticipated to be non-ambulatory for at least a certain amount of time, deep vein thrombosis prophylaxis is medically necessary. The criteria noted above having been met, Intermittent Compression Device for DVT (Deep Vein Thrombosis) Prophylaxis is medically necessary.