

Case Number:	CM13-0052448		
Date Assigned:	12/27/2013	Date of Injury:	03/01/2010
Decision Date:	05/02/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/15/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 51-year-old male who reported an injury on 03/01/2010 after removing a piece of molding weighing approximately 110 pounds and feeling a pulling sensation in his lower back. The clinical documentation dated 05/21/2013 revealed that the injured worker was a surgical candidate for an L5-S1 posterior lumbar decompression and fusion with instrumentation. The request was made for a Thermacool unit with compression to control pain, reduce inflammation, and increase circulation. It was indicated that multimodality treatment was preferred over simple ice and heat packs for the additional benefit of compression as well as injured worker compliancy and the regulation of temperature to prevent over icing or overheating, which could cause tissue damage and delay in function. The surgery was authorization. Diagnoses include lumbar spine spondylolisthesis, disc herniation, stenosis, and mild chronic S1 radiculopathy on the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

**VASCUTHERM 4 DVT WITH HOT/COLD COMPRESSION (DURATION= WEEKS)
QTY: 4.00: Upheld**

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES 11TH EDITION INTEGRATED TREATMENT/ DISABILITY DURATION GUIDELINES. LOW BACK, KNEE, LEG, CONTINUOUS FLOW CRYOTHERAPY

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Cryotherapy, Hot/Cold Packs, Knee & Leg Chapter, Venous Thrombosis, Compression garments

Decision rationale: Official Disability Guidelines indicate that hot and cold packs are an option as at home applications of cold packs are appropriate in the first few days of a complaint and thereafter hot or cold packs. It further indicates that there is minimal evidence supporting the use of cold therapy, but heat therapy has been found useful for pain reduction and return to normal function. There should be an evaluation of the risk for venous thrombosis. Once identified, if necessary compression garments are recommended as there is good evidence for the use of compression garments and low levels of compression applied by stockings are effective in the prevention of deep vein thrombosis. The clinical documentation submitted for review failed to indicate the necessary for 4 weeks of self Epley maneuver Vascutherm therapy. The physician opined that the injured worker should have compression and the hot and cold unit due to increased injured worker compliancy and regulation of heating and cooling. However, there was a lack of documentation of exceptional factors to warrant no adherence to guideline recommendations. Additionally, there was lack of documentation indicating the patient had been assessed and was at risk for DVT. The duration would be excessive. Given the above, the request for Vascutherm for DVT with hot/cold compression (duration = weeks) quantity 4.00 is not medically necessary.