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| Case Number: | CM14-0020925 | | |
| Date Assigned: | 04/30/2014 | Date of Injury: | 12/12/2001 |
| Decision Date: | 07/08/2014 | UR Denial Date: | 02/05/2014 |
| Priority: | Standard | Application Received: | 02/19/2014 |

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 Surgery, and is licensed to practice in California. 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 claimant is a 47-year-old gentleman who injured his low back in a work related accident on December 12, 2001. The records provided for review documented that following a course of conservative care, the claimant underwent two recent surgical processes, the first was a lumbar laminectomy, decompression and posterolateral fusion at L2-3 and L3-4 performed on August 2, 2013. Due to postoperative issues, a second surgery took place on September 19, 2013 in the form of bone grafting and revision implementation of hardware. The specific clinical request in this case is for postoperative use of a VascuTherm unit for the lumbar spine following the claimant's second surgical procedure. Other clinical records are not applicable to this specific request in this case.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO 10/10/13 TO 11/28/13 VASCUTHERM UNIT LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment For Workers' Compensation Knee And Leg 2014.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: Based on California ACOEM Guidelines, the request for Vasotherm cannot be recommended as medically necessary. The literature currently does not support the role of compressive cryotherapy devices in the lumbar setting. ACOEM Supports the use of topical applications at home of cold and heat therapy, the specific request for the Vasotherm unit would not be indicated.