

<b>Case Number:</b>	CM14-0027410		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	08/13/2011
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### 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 Occupational Medicine 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:

This is a 39 year-old male who reported low back pain after performing usual work activities, with a listed injury date of 08/13/11. Treatment has included an L5-S1 decompression with left sided discectomy in 2012 and a fusion at L5-S1 on Jan 22, 2013. There are vendor requests in the medical records for a Thermacure Vasopneumatic unit with wraps. The requests are from the post-operative periods in 2012 and 2013. There are no physician reports which address this device. The vendor requests appear to refer to a device which utilizes compression, heat, and cold. Apparently the device was intended for a period of 39 days. The specific nature of the device and the specific indications are not discussed in the medical records. On 2/7/14 Utilization Review non-certified the request for use of the device after the fusion (which was the Utilization Review appealed to Independent Medical Review), noting the lack of necessity for compression of the abdomen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE: THERMACURE VASOPNEUMATIC UNIT WITH WRAP (DOS STARTING 1/22/13) 39 DAY RENTAL 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 (ODG)- Low Back- application of cold treatment.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Shoulder chapters, Continuous-flow cryotherapy.

**Decision rationale:** The treating physician has provided no information regarding the indications and nature of this device. Medical necessity cannot be determined in the absence of specific information from the physician, including indications and reasons why it is medically necessary. Based on the limited information available, it appears that there was some intention to use this device as a means to apply compression, heat, and cold to the trunk after the fusion surgery. It is not clear how the compression would be applied in any sort of effective manner, as was noted in the Utilization Review, as this would imply compression applied to a greatly flexible and compressive area (the abdomen). The device would not be indicated based on this problem alone. The ACOEM Guidelines, page 48, recommend acute use of heat or cold, for two weeks or less, after injury. The requested rental was for much longer (39 days). The Official Disability Guidelines recommend cold therapy units after shoulder and knee surgeries, not lumbar surgery. This device is not medically necessary based on lack of sufficient information from the treating physician, the lack of any apparent indication to use compression of the abdomen, the extended duration of use, and the inconsistency with guideline recommendations.