

<b>Case Number:</b>	CM14-0034579		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	12/27/2010
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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 Physical Medicine and Rehabilitation 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 patient is a 40 year-old male with injury on 12/27/2010. He sustained a twisting injury and developed low back and leg pain. He had laminectomy 2011, 2 level posterior instrumental lumbar fusion at L4-5 and L5-S1 in 2012. CT of lumbar spine 1/10/2013 did not show fusion at L4-5 or L5-S1. 2/17/14 note from [REDACTED] recommended a revision of fusion because of the nonunion at L4-5 and L5-S1. Physician Review note on 2/28/14 non-certified the request for vascultherm cold compression unit. The ODG guidelines recommend cold pack can be applied and there is no need for continuous low cryotherapy unit. It certified the following requests: Removal and replacement of instrumentation with revision of posterior spinal fusion at L4-5 and L5-S1 with iliac crest bone graft, inpatient stay of 2 days, preoperative medical clearance, cybertech back brace, and bone growth stimulator.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vascultherm Cold Compression Unit:** 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Back, Cold back.

Other Medical Treatment Guideline or Medical Evidence:

<http://teamsurgicalinnovations.com/vascutherm-cold-therapy-with-compression-2/>.

**Decision rationale:** The Official Disability Guidelines(ODG) recommend cold packs can be applied after surgery and there is no need for continuous low cryotherapy unit like Vascutherm Cold Compression Unit. Therefore, the medical necessity is not established.