

Case Number:	CM14-0051164		
Date Assigned:	07/07/2014	Date of Injury:	02/28/1994
Decision Date:	09/17/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/18/2014

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 66-year-old gentleman injured on February 28, 1994. The records available for review indicate a lumbar injury and subsequent T10-S1 lumbar fusion with instrumentation. The records also document that the claimant will undergo a second procedure to remove existing hardware and a revision to exchange the arthrodesis from T10 through S1. This request is for the use of a VascuTherm unit for thirty days and an accompanying compressive wrap to be used in conjunction with the VascuTherm unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm intermittent unit x 30 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Chest Physicians, Prevention of VTE in orthopedic surgery patients.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp; 2013 Updates; 18th Edition; Low Back Chapter; cold/heat packs Recommended as an option for acute pain. At-home local applications of cold packs in first few days of acute complaint; thereafter, applications of heat packs or cold packs. (Bigos, 1999) (Airaksinen, 2003) (Bleakley, 2004) (Hubbard, 2004) Continuous low-level heat wrap therapy is

superior to both acetaminophen and ibuprofen for treating low back pain. (Nadler 2003) The evidence for the application of cold treatment to low-back pain is more limited than heat therapy, with only three poor quality studies located that support its use, but studies confirm that it may be a low risk low cost option. (French-Cochrane, 2006) There is minimal evidence supporting the use of cold therapy, but heat therapy has been found to be helpful for pain reduction and return to normal function.

Decision rationale: Currently, guideline criteria do not recommend cryotherapy devices for postoperative use in the lumbar spine. Although ACOEM Guidelines do support the use of cold packs in the first few days following acute inflammatory findings, a thirty-day rental of a VascuTherm device to be used postoperatively following a Lumbar Fusion is not medically necessary.

Wrap purchase x 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Chest Physicians, Prevention of VTE in orthopedic surgery patients.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-339.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.