

<b>Case Number:</b>	CM14-0189639		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	12/04/2012
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Massachusetts. 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 59 year-old male with a history of a work injury occurring on 12/04/12 when, while working as a handyman, he fell from a step ladder landing on his right side. He had low back pain. Treatments included physical therapy, acupuncture, chiropractic care, and medications. There was two weeks of pain relief after an epidural injection. He was seen on 04/16/14. He was having low back pain radiating into both extremities. Pain was rated at 10/10. He was having difficulty sleeping. Physical examination findings included right upper extremity tremors. He had decreased lumbar spine range of motion. There was lower extremity weakness. He had normal gait. Spine surgery was being considered. He was seen by the requesting provider on 06/30/14. He was doing poorly. He was unable to work. He was now using a walker. Tramadol and Norco were being prescribed. On 08/14/14 he was having pain when standing. He had decreased his use of pain medications. There was a pending neurology evaluation. Authorization for lumbar spine surgery had been requested. On 09/11/14 he had been seen for medical clearance for surgery. His height was 5 feet, 11 inches and weight 250 pounds which corresponds to a BMI of 34.9 and a diagnosis of obesity. The claimant underwent an L2-L5 lumbar decompression on 10/08/14. He received subsequent rehabilitative care. When admitted for rehabilitation has was able to ambulate 150 feet with a rolling walker and negotiate 4 stairs with handrails. On 10/20/14 he was seen in an Emergency Room and was having nausea and fevers. He was treated for bacteremia and sepsis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Vascultherm with DVT prophylaxis x 30 day rental for low back (DOS: 10/8/14):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 - Lumbar & Thoracic (Acute & Chronic), Cold/heat packs, Prevention of Venous Thromboembolism in Surgical Patients. Circulation. 2004;110:IV-4-IV-12

**Decision rationale:** The claimant is more than 2 years status post work-related injury and underwent a lumbar spine fusion in October 2014. His medical history includes diabetes and Parkinson disease and he is obese. Risk factors for venous thromboembolism include advanced age, an anterior surgical approach, surgery for malignancy, a prolonged surgical procedure, and reduced preoperative and postoperative mobility. In the absence of additional risk factors, early and persistent mobilization is recommended in patients undergoing elective spinal surgery. In patients with additional risk factors, intermittent pneumatic compression may be useful. Patients with multiple risk factors benefit from the combination of pharmacological and mechanical prophylaxis. In this case, the claimant had multiple risk factors for DVT and prophylaxis was medically necessary. The requested Vascultherm unit also provides localized heat and cold thermal therapy. Indications include edema reduction, lymphedema, chronic venous or arterial insufficiency, and pain. Cold / heat is recommended as an option for acute pain. Guidelines state that continuous low-level heat wrap therapy is superior to both acetaminophen. In this case, the claimant had undergone a lumbar spine fusion and the application of thermal modalities was indicated. Therefore, the requested Vascultherm unit rental was medically necessary.

**Retrospective Vascultherm lumbar wrap, purchase for x 1 for low back (DOS: 10/8/14):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 - Lumbar & Thoracic (Acute & Chronic), Cold/heat packs, Prevention of Venous Thromboembolism in Surgical Patients. Circulation. 2004;110:IV-4-IV-12

**Decision rationale:** The claimant is more than 2 years status post work-related injury and underwent a lumbar spine fusion in October 2014. His medical history includes diabetes and Parkinson disease and he is obese. Risk factors for venous thromboembolism include advanced age, an anterior surgical approach, surgery for malignancy, a prolonged surgical procedure, and reduced preoperative and postoperative mobility. In the absence of additional risk factors, early and persistent mobilization is recommended in patients undergoing elective spinal surgery. In patients with additional risk factors such as intermittent pneumatic compression may be useful. Patients with multiple risk factors benefit from the combination of pharmacological and

mechanical prophylaxis. In this case, the claimant had multiple risk factors for DVT and prophylaxis was medically necessary. The requested VascuTherm unit also provides localized heat and cold thermal therapy. Indications include edema reduction, lymphedema, chronic venous or arterial insufficiency, and pain. Cold / heat is recommended as an option for acute pain. Continuous low-level heat wrap therapy is superior to both acetaminophen. In this case, the claimant had undergone a lumbar spine fusion and the application of thermal modalities was indicated. Therefore, the requested VascuTherm lumbar wrap was medically necessary.