

<b>Case Number:</b>	CM14-0198744		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	06/20/2012
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 injured worker is a 49 year old male, who sustained an industrial injury on June 20, 2012 while working as a dock worker. The injured worker has reported low back pain. The diagnoses have included failed fusion, nerve impingement with leg and low back pain, lumbar radiculopathy and chronic pain syndrome. Treatment to date has included pain medication, MRI of the lumbar spine, physical therapy, epidural steroid injections, a transcutaneous electrical nerve stimulation unit, an anterior lumbar interbody fusion and a lumbar five-sacral one screw removal. Current documentation dated July 14, 2014 notes that the injured worker reported constant low back pain that radiates to the legs, worse on the left. Associated symptoms include numbness and tingling into the ankles and dorsal foot. The pain is worse with activities and better with rest. Physical examination revealed low back pain. Straight leg raise test was positive on the left side. Sensation was decreased to light touch over the left foot and ankle. On October 31, 2014 Utilization Review non-certified a request for a Vascutherm cold compression unit rental for 30 days and a compression wrap purchase times one and deep vein thrombosis wrap purchase times two. The MTUS, ACOEM Guidelines, were cited. On November 26, 2014, the injured worker submitted an application for IMR for review of a Vascutherm cold compression unit rental for 30 days and a compression wrap purchase time's one and deep vein thrombosis wrap purchase times two.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME: Vasctherm cold compression unit rental for 30 days;:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 367,377.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation US department of Health and Human Services National Guideline Clearinghouse (<http://www.guideline.gov/content.aspx?id=14724>) Official disability guidelines Knee chapter discuss continuous flow cryotherapy

**Decision rationale:** The patient presents with low back pain that radiates to the legs, worse on the left. Associated symptoms include numbness and tingling into the ankles and dorsal foot. The request is for DME: VASCUTHERM COLD COMPRESSION UNIT RENTAL FOR 30 DAYS. The RFA is not provided. Patient's diagnosis included failed fusion, nerve impingement with leg and low back pain, lumbar radiculopathy and chronic pain syndrome. Treatments to date has included pain medication, MRI of the lumbar spine, physical therapy, epidural steroid injections, a transcutaneous electrical nerve stimulation unit, an anterior lumbar interbody fusion and a lumbar five-sacral one screw removal. Patient is status- post removal of L5-S1 posterior nonsegmented instrumentation and L5-S1 laminectomy and bilateral facetectomies on 10/05/14. The patient is temporarily totally disabled, per the progress report dated 07/31/14. MTUS is silent on hot/cold therapy units. ODG guidelines under its Knee chapter discuss continuous flow cryotherapy and states "Recommended as an option after surgery but not for nonsurgical treatment. Postoperative use generally may be up to 7 days including home use." In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic use. However, the effectiveness on more frequently treated acute injuries (eg, muscle strains and contusions) has not been fully evaluated. US department of Health and Human Services National Guideline Clearinghouse (<http://www.guideline.gov/content.aspx?id=14724>), supports mechanical compression devices in the lower extremities in elective spinal surgery to decrease the incidence of thromboembolic complications. For duration, it is recommended until the patient is fully ambulatory. ODG guidelines allow continuous flow cryotherapy as an option after surgery; however, postoperative use generally may be up to 7 days including home use. In this case, the patient is nearly five months status post lumbar surgery. There is no evidence that the patient has been non-ambulatory for 30 days. Furthermore, while a short-term use of this unit may be medically necessary, the requested 30 days of use is not. The request is not in accordance with the guidelines. Therefore, the request is not medically necessary.

**Compression wrap purchase XL; DVT wrap purchase time 2:** Upheld

**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 chapter Low Back Pain and Title Lumbar Supports Knee & Leg chapter under venous thrombosis

**Decision rationale:** The patient presents with low back pain that radiates to the legs, worse on the left. Associated symptoms include numbness and tingling into the ankles and dorsal foot. The request is for COMPRESSION WRAP PURCHASE XL; DVT WRAP PURCHASE TIME 2. The RFA is not provided. Patient's diagnosis included failed fusion, nerve impingement with leg and low back pain, lumbar radiculopathy and chronic pain syndrome. Treatments to date has included pain medication, MRI of the lumbar spine, physical therapy, epidural steroid injections, a transcutaneous electrical nerve stimulation unit, an anterior lumbar interbody fusion and a lumbar five-sacral one screw removal. Patient is status- post removal of L5-S1 posterior nonsegmented instrumentation and L5-S1 laminectomy and bilateral facetectomies on 10/05/14. The patient is temporarily totally disabled, per the progress report dated 07/31/14. ODG Guidelines, chapter "Low Back Pain" and Title "Lumbar Supports", state that lumbar supports such as compression back wrap are "recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). Under study for post-operative use." ODG guidelines, Knee & Leg chapter under venous thrombosis states, "Risk factors for venous thrombosis include immobility, surgery, and prothrombotic genetic variants. Studies have addressed the risk for thrombosis following major injury, and minor events, including travel, minor surgery, and minor trauma, are linked to a 3-fold increased risk for venous thrombosis. Venothromboembolism (VTE) is an important condition in hospitalized patients accounting for significant morbidity and mortality. Those at high risk should be considered for anticoagulation therapy during the post-hospitalization period. (Yale, 2005) Aspirin may be the most effective choice to prevent pulmonary embolism (PE) and venous thromboembolism (VTE) in patients undergoing orthopedic surgery, according to a new study examining a potential role for aspirin in these patients. Patients who received aspirin had a lower VTE risk score than the patients who received warfarin. Patients who received aspirin had a much lower use of sequential compression devices than high-risk patients, but even aspirin patients should receive sequential compression as needed." The ODG guidelines recognize DVT risk factor as orthopedic surgery and hospitalization, although duration of use is not mentioned in ODG. In this case, the patient suffers from low back pain with radiculopathy and recently underwent hardware removal. The ODG guidelines recognize DVT risk factor for surgery and hospitalization which this patient underwent; however, the patient is nearly five months status post lumbar surgery. More importantly, hardware removal is not associated with any bed rest for which DVT prophylaxis may be indicated. The treater does not provide any risk factors for postoperative thromboembolic complications. The request is not in accordance with the guidelines. Therefore, the request IS NOT medically necessary.