

<b>Case Number:</b>	CM15-0162413		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	12/03/2011
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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 52 year old male who sustained a work related injury December 3, 2011. On July 2, 2015, the injured worker underwent a L2-S1 laminectomy and foraminotomy and was discharged home July 6, 2015, with home health physical therapy. Past medical history included hypertension and partial colon removal 2006. Diagnoses are documented as lumbar spinal stenosis; lumbar degenerative disc disease; severe neurogenic claudication and right leg radiculopathy. A request for authorization form, dated July 9, 2015, requests and at issue, a retrospective request for a Horizon LSO (lumbar sacral orthosis) brace and retrospective Vascutherm with pad; date of service July 9, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Vascutherm with pad, 14 day rental (DOS: 07/09/2015): 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 Chapter; ODG, Venous Thrombosis; Journal of Orthopaedic Surgery and Research 2012.

**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, Cold/Heat Therapy, page 343.

**Decision rationale:** The Vascutherm device provides heat and cold compression therapy wrap for the patient's home for indication of pain, edema, and DVT prophylaxis for post-operative orthopedic patients. The patient underwent surgical procedure and the provider has requested for this hot/cold compression unit. Submitted reports have not demonstrated any obesity condition, smoking history, or intolerance to anticoagulants in the prevention of DVT nor identified how the procedure would prevent the patient from mobility post surgery. Rehabilitation to include mobility and exercise are recommended post-surgical procedures as a functional restoration approach recommended by the guidelines. MTUS Guidelines is silent on specific use of cold compression therapy with pad and wrap, but does recommend standard cold pack for post exercise. ODG Guidelines specifically addresses the short-term benefit of cryotherapy post-surgery; however, limits the use for 7-day post-operative period, as efficacy has not been proven after. The retrospective: Vascutherm with pad, 14 day rental (DOS: 07/09/2015) is not medically necessary and appropriate.

**Retrospective: Horizon LSO (lumbar sacral orthosis) brace (DOS: 07/09/2015):** 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 Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low Back, Lumbar brace, page 301.

**Decision rationale:** Submitted reports have not demonstrated indication of instability, compression fracture, or spondylolisthesis precautions to warrant a back brace for chronic low back pain. Reports have not adequately demonstrated the medical indication for the back brace. Based on the information provided and the peer-reviewed, nationally recognized guidelines, the request for a back brace cannot be medically recommended. CA MTUS states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In addition, ODG states that lumbar supports are not recommended for prevention; is under study for treatment of nonspecific LBP; and only recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, or post-operative treatment of multilevel fusion, which has been non-certified, with all criteria not met. The Retrospective: Horizon LSO (lumbar sacral orthosis) brace (DOS: 07/09/2015) is not medically necessary and appropriate.