

Case Number:	CM15-0087226		
Date Assigned:	05/11/2015	Date of Injury:	03/09/2011
Decision Date:	06/10/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/06/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 64-year-old male injured worker suffered an industrial injury on 03/09/2011. The diagnoses included lumbosacral spondylolisthesis, lumbar degenerative disc disease, degenerative scoliosis, spinal stenosis and bilateral radiculopathy. The injured worker had been treated with medications. On 4/16/2015, the treating provider reported pending lumbosacral fusion. The treatment plan included post-operative Vascutherm DVT prophylaxis and Lumbar wrap.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm DVT prophylaxis (rental 30 days): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Compensation Low Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

Decision rationale: Pursuant to the ACOEM and the official disability guidelines, Vascutherm DVT prophylaxis rental 30 days is not medically necessary. The ACOEM states "patient at home application of heat or cold packs may be used before or after exercises and aren't effective as those performed by a therapist". The ACOEM state physical modalities have no proven efficacy in treating acute low back symptoms. Identifying subjects who are at high risk of developing venous thrombosis and providing prophylactic measures is recommended. The use of recommended VTE (venous thromboembolism) is suboptimal with only 59% of surgical patients receiving recommended treatment. In this case, the injured worker's working diagnoses are grade II to III isthmic spondylolisthesis at L5 - S1; degenerative disc disease with severe bone on bone at L4 - L5; degenerative scoliosis; spinal stenosis; and bilateral radiculopathy. The injured worker underwent anterior interbody lumbar fusion at L4 - S1 on April 22, 2015. A more complicated cold therapy unit (vascutherm) will not provide any additional benefit over conventional ice packs. Although venous thrombosis may occur, the injured worker is expected to be ambulatory soon after the surgery. The sooner the injured worker is ambulatory, the lesser the risk for venous thrombosis. As a result, there is insignificant postoperative immobility. There is no evidence of history of deep vein thrombosis. The injured worker's past medical history is notable for hypertension, hyperlipidemia, sleep apnea and GERD. The review of systems (hematology) is negative for bleeding disorders, DVT, pulmonary embolism blood clots. Additionally, the vascutherm is indicated for 7 days. The medical record from an April 16, 2015 progress note (four days prior surgery) did not contain a discussion or recommendation for the Vascutherm unit and for the lumbar wrap. Based on the clinical information medical record and the peer-reviewed evidence-based guidelines, Vascutherm DVT prophylaxis rental 30 days is not medically necessary.

Lumbar wrap (purchase): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Compensation Low Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, lumbar wrap for purchase is not medically necessary. The ACOEM states "patient at home application of heat or cold packs may be used before or after exercises and aren't effective as those performed by a therapist". The ACOEM states physical modalities have no proven efficacy in treating acute low back symptoms. Identifying subjects who are at high risk of developing venous thrombosis and providing prophylactic measures is recommended. The use of recommended VTE (venous thromboembolism) is suboptimal with only 59% of surgical patients receiving recommended treatment. In this case, the injured worker's working diagnoses are grade II to III isthmic spondylolisthesis at L5 - S1; degenerative disc disease with severe bone on bone at L4 - L5; degenerative scoliosis; spinal stenosis; and bilateral radiculopathy. The injured worker underwent anterior interbody lumbar fusion at L4 - S1 on April 22, 2015. A more complicated cold therapy unit (vascutherm) will not provide any additional benefit over conventional ice packs. Although venous thrombosis may occur, the injured worker is expected to be ambulatory soon after the surgery. The sooner the injured worker is ambulatory, the lesser

the risk for venous thrombosis. As a result, there is insignificant postoperative immobility. There is no evidence of history of deep vein thrombosis. The injured worker's past medical history is notable for hypertension, hyperlipidemia, sleep apnea and GERD. The review of systems (hematology) is negative for bleeding disorders, DVT, pulmonary embolism blood clots. The Vascutherm DVT prophylaxis rental is not medically necessary and, as a result, the lumbar wrap for purchase is not medically necessary. Based on the clinical information medical record and the peer-reviewed evidence-based guidelines, the lumbar wrap for purchase is not medically necessary.