

Case Number:	CM14-0215253		
Date Assigned:	01/02/2015	Date of Injury:	03/06/2012
Decision Date:	03/03/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/22/2014

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: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 6, 2012. In a Utilization Review Report dated December 4, 2014, the claims administrator denied a VascuTherm device, denied a lumbar garment, approved a bone growth stimulator, approved a lumbar support, approved a commode, approved a front-wheeled walker and denied a setup and delivery fee. The VascuTherm 4 System was some sort of DVT prophylaxis device, the claims administrator contended. It appeared (but was not clearly stated) whether the lumbar garment at issue represented a device intended for usage in conjunction with VascuTherm device. The claims administrator referenced a November 18, 2014 report and November 11, 2014 progress note in its determination, along with various notes in October 2014 as well. On July 15, 2014, the applicant reported persistent complaints of low back pain status post earlier lumbar fusion surgery on June 8, 2013. The applicant had persistent radicular pain complaints. It was stated that the applicant had a pending spine surgery consultation. Work restrictions were endorsed, although it did not appear that the applicant was working with said limitations in place. On August 21, 2014, the applicant was again placed off of work, on total temporary disability. A CT scan of the lumbar spine was sought to evaluate the integrity of the indwelling lumbar fusion hardware. On November 10, 2014, the applicant reported persistent complaints of low back and leg pain. The attending provider suggested that the applicant would benefit from revision of lumbar fusion surgery. The applicant was placed off of work, on total temporary disability. The VascuTherm DVT prophylaxis device, thus, was apparently intended for postoperative use

purposes. On December 18, 2014, the applicant was placed off of work, on total temporary disability. The applicant went on to receive a lumbar fusion surgery at L5-S1 on November 11, 2014, to ameliorate the preoperative diagnosis of lumbar pseudoarthrosis at the same level. On December 4, 2014, the applicant described feeling and doing much better postoperatively. The applicant's wounds were well healed. The applicant was placed off of work, on total temporary disability. The applicant did exhibit an antalgic gait, was ambulatory but was not using a cane, crutch, or walker.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm 4 system- 4 week rental: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Low Back Chapter Cryotherapy; Medscape, Deep Venous Thrombosis Prophylaxis and Orthopedic Surgery article; Product Description.

Decision rationale: Per the product description, the VascuTherm represents a form of cold therapy device, heat therapy device, and DVT prophylaxis device. However, the MTUS Guideline in ACOEM Chapter 12, Table 12-5, page 299 suggests at-home local applications of heat and cold as method of delivering heat therapy and/or cryotherapy. By implication, ACOEM does not support elaborate devices such as the VascuTherm for delivering cryotherapy and/or heat therapy. The Third Edition ACOEM Guidelines take a stronger position against usage of such high-tech devices for delivering cryotherapy, noting that they are explicitly deemed "not recommended." Medscape, furthermore, notes that antithrombotic prophylaxis, per the American College of Chest Physicians (ACCP) is deemed "not recommended" following elective spine surgery in applicants who have not additional risk factors. Here, the attending provider did not outline a history of previous DVTs, blood dyscrasias, family history of DVTs, etc., which would have compelled the multimodality VascuTherm device. Since all of the articles in device are not recommended, the device is not recommended. Therefore, the request for Vascutherm 4 system- 4 week rental was not medically necessary.

Lumbar garment: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Low Back Chapter, Cryotherapy; Medscape, Deep Venous Thrombosis Prophylaxis in Orthopedic Surgery article; Product Description.

Decision rationale: Since the VascuTherm-4 device itself was deemed not medically necessary, in question #1, the derivative or companion request for an associated lumbar garment was likewise not medically necessary.

Bone growth stimulator-purchase: 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 ODG's Low Back Chapter, Bone Growth Stimulators.

Decision rationale: The MTUS does not address the topic. However, ODG's Low Back Chapter, Bone Growth Stimulator Topic does note that bone growth stimulator may be considered medically necessary as an adjunct to spinal fusion surgery in applicants who have undergone one or more previously failed lumbar fusion. Here, the applicant did undergo lumbar fusion surgery to rectify a diagnosis of pseudoarthrosis at L5-S1 associated with a previously failed lumbar fusion surgery. Postoperative usage of bone stimulator, thus, was indicated in the clinical context present here. Therefore, the request for Bone growth stimulator was medically necessary.

Set up and delivery: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Low Back Chapter, Cryotherapy; Medscape, Deep Venous Thrombosis Prophylaxis and Orthopedic Surgery Article.

Decision rationale: This is derivative or companion request, one of which accompanies the primary request for VascuTherm device. Since that request was deemed not medically necessary, the derivative or companion request for a setup and delivery fee was likewise not medically necessary.