

<b>Case Number:</b>	CM14-0215953		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	03/16/2011
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of March 16, 2011. In a Utilization Review Report dated December 17, 2014, the claims administrator failed to approve a request for continued usage of a VascuTherm-4 device for the cervical spine. A progress note of November 20, 2014 was referenced in the determination. The claims administrator noted that the applicant had undergone an extensive cervical laminoplasty surgery on September 10, 2014. The applicant's attorney subsequently appealed. In a December 9, 2014 RFA form, the attending provider sought authorization for continued usage of the VascuTherm-4 device. In an associated progress note dated November 20, 2014, the applicant reported persistent complaints of neck, bilateral shoulder, and right elbow pain. The applicant had undergone a C2 through C7 laminoplasty surgery on September 10, 2014. The attending provider stated that the applicant should continue using the VascuTherm-4 device, apparently for pain relief purposes. Neck brace was endorsed. The applicant was placed off of work, on total temporary disability. The applicant's medications were not specified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued use of Vascultherm4 for the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM.

**Decision rationale:** The VascuTherm-4 device was not medically necessary, medically appropriate, or indicated here. Based on the product description, the VascuTherm represents a high-tech device used to deliver ice/cold therapy, compression therapy, and DVT prophylaxis therapy. While the MTUS Guidelines in ACOEM Chapter 8, Table 8-5, page 174 supports at-home local applications of heat and cold as methods of symptom control for neck and upper back complaints, by implication, ACOEM does not support elaborate, high tech devices for delivering cryotherapy such as the VascuTherm device at issue. The Third Edition ACOEM Guidelines takes a stronger position against such devices, noting that such high tech devices are explicitly deemed “not recommended.” The MTUS does not address the topic of postoperative DVT prophylaxis following spine surgery. Medscape and ACCP note, however, that DVT prophylaxis is not recommended in applicants who undergo elective spine surgery. Here, the applicant in fact underwent an elective spine surgery several months prior, in September 2014. The applicant was seemingly ambulatory as of the November 20, 2014 office visit on which continued usage of the device in question was sought. Since all components in the device are not recommended, the entire device is not recommended. Therefore, the request was not medically necessary. The VascuTherm4 by [REDACTED] delivers a totally unique and proprietary thermal compression therapy solution in one easily transportable device. Solid-state technology eliminates the need for ice, offers precise temperature control for preventing thermal tissue damage and delivers exceptional reliability. The VascuTherm4 offers highly effective DVT prophylaxis through unique and programmable multiple treatment modalities - combining heating/cooling temperature management with vascular compression. Routine use of cryotherapies in health care provider offices or home use of a high-tech device for the treatment of cervicothoracic pain is not recommended. However, single use of low-tech cryotherapy (ice in a plastic bag) for severe exacerbations is reasonable. For patients who have no additional risk factors, antithrombotic prophylaxis following elective spine surgery is not recommended.