

<b>Case Number:</b>	CM14-0218858		
<b>Date Assigned:</b>	01/08/2015	<b>Date of Injury:</b>	01/18/2010
<b>Decision Date:</b>	03/05/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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, Illinois

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 injured worker a 41 year old male, who sustained a work related injury on 1/18/2010. The injured worker was a chronic delivery driver, who required frequent sitting, lifting and carrying oxygen tanks, getting in and out of a cargo van. He reported to his doctor in 11/2014 complaining that his pain had worsened. to 9/10. The pain radiated down his right leg associated with tingling and numbness to his right toe. The pain was pinching and sharp. It worsens when he leans forward, but had improved with Naproxen in the past. It is unchanged with Diclofenac. The physical examination revealed normal gait, positive straight leg raise and diminished sensation in an L5 nerve root distribution. The documentation noted that the injured worker was status post microdisectomy with a diagnosis low back pain. Magnetic Resonance Imaging (MRI) of the lumbar spine without contrast on June 20, 2010, noted early multilevel disc desiccation and annular disc bulging; L2-L3 posterior annular disc bulging and midline annular tear; no neural impingement; L4-L5 right paracentral 7mm disc protrusion deflecting the right L5 nerve; no neural impingement. A repeat MRI of the lumbar spine without intravenous contrast done on September 27, 2013 revealed right paracentral disc extrusion superimposed upon a disc bulge at L4-L5 which severely narrows the right lateral recess and right neural foramen, likely affecting both the traversing right L4 and exiting right L4 nerve roots; left lateral protrusion at L3-L4 which does not definitely contact the exiting left L3 nerve root and no other disc herniation, central canal stenosis or significant neuroforaminal narrowing. The injured worker had a diagnosis of low back pain, lumbar herniated disc, 7mm, S1 radiculitis. Treatments had included Lumbar epidural steroid injections, acupuncture, physical therapy Naproxen, but

currently on Diclofenac. At dispute is the request for Vascutherm 4 with DVT cold compression; 21 day rental. The Utilization reviewer stated the 21 day rental for a cold compression unit exceeds guidelines recommendations as guidelines indicate a 7 day rental is appropriate. Vascutherm is a thermal compression therapy device and the guidelines indicate that local applications of cold and/or heat are just as beneficial as this unit.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Vascutherm 4 with DVT cold compression; 21 day rental:** 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), Indications for surgery, Discectomy/laminectomy, Cold/heat packs

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic) Aetna: Clinical Policy Bulletin

**Decision rationale:** The injured worker sustained a work related injury on 1/18/2010. The medical records provided indicate the diagnosis of low back pain, lumbar herniated disc, 7mm, S1 radiculitis. Treatments have included Lumbar epidural steroid injections, acupuncture, physical therapy Naproxen, but currently on Diclofenac. The medical records provided for review do not indicate a medical necessity for Vascutherm 4 with DVT cold compression; 21 day rental. Neither the MTUS nor the Official Disability Guidelines makes reference to this device. Vascutherm is a device distributed by [REDACTED], and advertised as a device that provides heat, cold (without ice), compression, and/or DVT prophylaxis therapy. Aetna considers the use of the Hot/Ice Machine and similar devices (e.g, the VascuTherm2, experimental and investigational for reducing pain and swelling after surgery or injury. The Aetna website states, "Studies in the published literature have been poorly designed and have failed to show that the Hot/Ice Machine offers any benefit over standard cryotherapy with ice bags/packs; and there are no studies evaluating its use as a heat source" The Official Disability Guidelines recommends at-home local applications of cold packs in first few days of acute complaint; thereafter, applications of heat packs or cold packs. Therefore, although, heat/cold therapy (cryotherapy) is recommended, the guidelines do not make any specific reference to the use of Vascutherm 4 with DVT cold compression; 21 day rental. The requested treatment is not medically necessary and appropriate.