

<b>Case Number:</b>	CM15-0079663		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	11/17/2000
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 an 82 year old female, who sustained an industrial injury on 11/17/00. The injured worker was diagnosed as having low back pain, status post lumbar spine surgery syndrome, lumbar radiculopathy, lumbar spinal stenosis and lumbar facet arthropathy. Treatment to date has included lumbar laminectomy, oral medications including Norco, topical medications including Lidoderm patch, physical therapy and home exercise program. Currently, the injured worker complains of chronic low back pain improved 50% with Exalgo and Dilaudid, she also continues to use Lidoderm patches. The injured worker notes with the use of the medications she is able to perform some housework and perform activities of daily living. Physical exam noted well healed midline surgical scar over the spine and a generalized achiness over the lumbar area with a mildly antalgic gait. The treatment plan included continuation of oral and topical medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vascutherm rental 30 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), Vasopneumatic devices.

**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-Lumbar & Thoracic (Acute & Chronic), Cold/heat packs.

**Decision rationale:** The claimant sustained a work-related injury in November 2000 and underwent a revision laminectomy with hardware removal on 01/06/15. When seen, there was an antalgic gait. Her incision had healed. The requested VascuTherm unit provides compression and localized heat and cold thermal therapy. Indications include edema reduction, lymphedema, chronic venous or arterial insufficiency, and pain. In terms of thermal modalities, the use of heat and ice are low cost as at-home applications, have few side effects, and are noninvasive. The at-home application of heat or cold packs is recommended. However, in this case, simple, low-tech thermal modalities would meet the claimant's needs. There would be no need for compression therapy. Therefore, the requested VascuTherm unit and wrap are not medically necessary.

**VascuTherm wrap purchase:** 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), Vasopneumatic devices.

**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-Lumbar & Thoracic (Acute & Chronic), Cold/heat packs.

**Decision rationale:** The claimant sustained a work-related injury in November 2000 and underwent a revision laminectomy with hardware removal on 01/06/15. When seen, there was an antalgic gait. Her incision had healed. The requested VascuTherm unit provides compression and localized heat and cold thermal therapy. Indications include edema reduction, lymphedema, chronic venous or arterial insufficiency, and pain. In terms of thermal modalities, the use of heat and ice are low cost as at-home applications, have few side effects, and are noninvasive. The at-home application of heat or cold packs is recommended. However, in this case, simple, low-tech thermal modalities would meet the claimant's needs. There would be no need for compression therapy. Therefore, the requested VascuTherm unit and wrap are not medically necessary.