

Case Number:	CM13-0017436		
Date Assigned:	09/23/2013	Date of Injury:	03/16/2011
Decision Date:	01/15/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/28/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 52-year-old female who reported a work related injury on 03/16/2011 due to lifting a heavy object at work. Her diagnoses include lumbar radiculopathy with disc protrusion at L3-4 and L4-5 status post micro disc surgery with spinal instability. The patient is also status post complete laminectomy to L4-5. The patient's medications include tamoxifen, Zocor, Prilosec, Colace, OxyContin or oxycodone, 2 pills to 4 pills per day, and Ambien. The patient also had diagnoses of esophageal reflux and constipation. The request for is for a ThermaCooling system for 6 weeks and a deep vein thrombosis compression system for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 week rental of a ThermaCooling system with water circulating pad: Upheld

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 Official Disability Guidelines (ODG), Low Back Chapter, Cold/Heat Packs.

Decision rationale: The patient was noted to have undergone complete laminectomy at L4-5 on 08/03/2013. After the patient underwent the recommended surgical procedure, the doctor

requested postoperative treatment to include hot/cold DVT compression unit and a ThermaCool DVT compression system. It was noted these would be used in conjunction with the patient's physical therapy program after surgery. The ODG indicate that cold/heat packs are recommended as an option for acute pain and at home local applications of cold packs in the first few days of acute complaint; thereafter, applications of heat packs or cold packs. There is a lack of documentation noting that a self-applied ice pack would not be effective for the patient. There was a lack of documentation submitted to support the ThermaCooling system with water circulating pad for 6 weeks. The request for a ThermaCooling system is not medically necessary and appropriate.

Six week rental of a deep vein thrombosis (DVT) compression system: Upheld

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, Knee and Leg Chapter, Compression Garments.

Decision rationale: A hot/cold DVT compression system was a multimodality treatment that was ordered for the patient postoperatively. There is a lack of documentation indicating that the patient was at a significantly increased risk for a DVT. The ODG recommend compression garments. Compression applied by stockings is effective in the management of telangiectases after sclerotherapy, varicose veins in pregnancy, the prevention of edema and deep vein thrombosis. High levels of compression produced by bandaging and strong compression stockings are noted to be effective at healing leg ulcers and preventing progression of postthrombotic syndrome as well as in the management of lymphedema. There was no documentation noting the reason the patient could not utilize regular compression stockings postoperatively. The request for a DVT compression system is not medically necessary and appropriate.