MAXIMUS Federal Services

Case Number:	CM13-0026361		
Date Assigned:	12/18/2013	Date of Injury:	09/20/2012
Decision Date:	01/29/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/18/2013

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 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 50-year-old male who reported an injury on 09/20/2012. The mechanism of injury was not provided. The patient was noted to have painful and limited range of motion of the cervical spine and lumbar spine. The request was made for hot/cold contrast system with deep vein thrombosis/compression unit and the patient's diagnoses were noted to include myofasciitis/muscle spasm, cervical spine and lumbar spine disc syndrome, cervical spine radiculitis, and pain in the lumbar spine, thoracic spine, and cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot/cold contrast system with deep vein thrombosis/compression unit: 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), Knee & Leg Chapter, Cryotherapy, Deep Vein Thrombosis, Low Back Chapter, Cold/Heat packs

Decision rationale: ACOEM Guidelines discuss application of cold in the acute phase, but does not address hot/cold contrast system with deep vein thrombosis/compression unit. California MTUS does not address hot/cold contrast system with deep vein thrombosis/compression unit.

Official Disability Guidelines indicate that at home, local applications of cold packs in first few days of acute complaint; thereafter, applications of heat packs or cold packs. Continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use and they recommend patients who are at risk for developing venous thrombosis and indicate those patients should be treated prophylactically. The clinical documentation submitted for review indicated the patient had 3+ tenderness to palpation and muscle spasms over the lumbar paraspinals, as well as 4+ tenderness to palpation and impingement over the L6 and L7 spinous and transverse processes bilaterally. The range of motion was noted to be limited by pain in all planes tested. The straight leg raise and Kemp's test were noted to be positive bilaterally. The clinical documentation submitted for review failed to provide the necessity for the requested treatment. Additionally, per Official Disability Guidelines, this treatment is not recommended for patients who are not undergoing surgical treatment. There was a lack of documentation indicating the necessity for deep vein thrombosis compression therapy. Additionally, there was a lack of documentation indicating whether the unit would be for rental or for purchase. Given the above, the request for hot/cold contrast system with deep vein thrombosis compression unit is not medically necessary.