

Case Number:	CM13-0047067		
Date Assigned:	12/27/2013	Date of Injury:	02/27/2013
Decision Date:	02/24/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/04/2013

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 Pain Management & Rehabilitation, has a subspecialty in Interventional Spine 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 35 YO male with a date of injury of 02/27/2013. The listed diagnoses per [REDACTED] are: 1. Stenosis spinal lumbar 2. Chronic pain syndrome According to report dated 09/20/2013 by [REDACTED], patient presents with complaints of lower back pain located at the waist level, described as "pulling" with an associated "bubble" feeling. Patient also complains of left leg pain accompanied by numbness in the leg and buttock. His back pain is rated 5-10/10 in severity. Examination showed patient is unable to stand on heels or toes due to weakness and pain. SLR testing is positive on left side at 30 degrees and pain radiates to the left buttocks. MRI of the lumbar dated 03/18/2013 showed severe desiccation at L5-S1 with large posterior extrusion. Images also revealed isolated severe large left L5-S1 paracentral extrusion with severe thecal sac compression and displacement and moderately severe central stenosis. Medical records show this patient is status post Left L5-S1 Microdiscectomy (11/05/2013)

IMR ISSUES, DECISIONS AND RATIONALES

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

30 day rental of cold compression with DVT prophylaxis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation "Deep Venous Thrombosis Prophylaxis in Orthopedic Surgery"; <http://emedicine.medscape.com/article/1268573>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: This patient presents with complaints of lower back pain. Provider is requesting a 30 day rental of cold compression with DVT prophylaxis. The MTUS and ACOEM guidelines do not discuss Cold compressions specifically and ODG guidelines are referenced. ODG guidelines has the following regarding continuous-flow cryotherapy: "Recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries (eg, muscle strains and contusions) has not been fully evaluated. Continuous-flow cryotherapy units provide regulated temperatures through use of power to circulate ice water in the cooling packs. Complications related to cryotherapy (i.e, frostbite) are extremely rare but can be devastating." Given patient's post operative state, "up to 7 days" of continuous flow cryotherapy is indicated but not for 30 days. Recommendation is for denial.