

Case Number:	CM13-0051407		
Date Assigned:	12/27/2013	Date of Injury:	02/25/2013
Decision Date:	02/19/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/15/2013

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 Physical Medicine & Rehabilitation 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:

This is a 35 year-old female with a 2/25/13 industrial injury involving her low back. She underwent microdecompression and discectomy at the right L5/S1 area on 8/30/13. Her diagnosis is: improved chronic right-sided low back pain, with right lower extremity radiculopathy, s/p microdecompression and discectomy right L5/S1 for spinal DDD, extruded HNP right L5/S1, s/p acute lumbosacral spine musculoligamentous strain, superimposed on lumbosacral spinal DDD; adult onset diabetes. The IMR application shows a dispute with the 10/9/13 UR decision, which was by FORTE and recommended non-certification for a 30-day rental of a Vascutherm unit and pad for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 rental of a Vascutherm unit and pad for the lumbar spine: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin, Cryoanalgesia and Therapeutic Cold.

Decision rationale: MTUS/ACOEM recommends hot/cold packs for the back, but do not discuss the Vascutherm units or continuous flow cryotherapy. ODG states there was limited application for cold treatment to the low back, but does not discuss continuous flow units for the low back, as they do for the knee or shoulder chapters. Aetna Clinical Policy Bulletins were consulted. This policy states that active cold compression therapy units with mechanical pumps and portable refrigerators (e.g., AutoChill, Game Ready, IceMan, NanoTherm, Prothermo, and Vascutherm) are experimental and investigational because they have not been proven to offer clinically significant benefits over passive cold compression therapy units. The use of the Vascutherm unit for the lumbar spine is not in accordance with the cited guidelines.