

Case Number:	CM14-0005973		
Date Assigned:	03/03/2014	Date of Injury:	10/15/2013
Decision Date:	06/30/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/15/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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/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 injured worker is a 43 year old male who reported an injury on 10/15/2013. On 11/18/2013 the injured worker had a physical examination where he had complaints of low back pain rated at 7-8/10, he also reported that the pain radiates to his left extremity causing numbness in the left calf. He states movement helps the pain while sitting down increases the pain. The examination findings include tenderness and spasms of the paraspinals and left gluteal and to the left sacroiliac. The injured worker had a positive straight leg raise at 15 degrees on the right and less than 5 degrees on the left. The diagnosis was lumbar spine sprain/strain with radiculitis and lumbar spine myospasms. The treatment plan was for chiropractic treatment, acupuncture, MRI of the lumbar spine, TENS unit and VascuTherm 4 DVT system. The information submitted for review does not include a request for authorization for medical treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOT/COLD PACK WRAP OR THERMAL COMBO UNIT AS VACUTHERM 4 DVT 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 Official Disability Guidelines (ODG) Low Back, Cold/Heat packs

Decision rationale: The request for hot/cold pack wrap or thermal combo unit as Vascutherm 4 DVT system is non-certified. The Official Disability Guidelines recommend cold/heat packs as an option for acute pain. At-home local applications of cold packs in first few days of acute complaint; thereafter, applications of heat packs or cold packs. Continuous low-level heat wrap therapy is superior to both acetaminophen and ibuprofen for treating low back pain. The injured worker's documentation fails to indicate recent surgery or that the injured worker is at a high risk for DVT. The guidelines do not indicate the combination of cold/heat with compression for low back injuries. Therefore the request for hot/cold pack wrap or Vascutherm 4 DVT system is non-certified.