

Case Number:	CM14-0018989		
Date Assigned:	04/23/2014	Date of Injury:	04/28/2010
Decision Date:	07/03/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/14/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 46 year old female who reported an injury on 04/28/2010 secondary to an automobile accident. The documents submitted for review indicate the injured worker was seen on 01/08/2014 and reported difficulty sleeping. She also reported benefit from the ice machine. The physical examination reported she was neurovascularly intact and the new radiographs demonstrated the sacroiliac screws were in place without signs of failure. The injured worker has had three spinal surgeries and has participated in an unknown amount of physical therapy sessions which reported the injured worker was ambulatory up to one hour. The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

VASCUTHERM COLD COMPRESSION UNIT, ADDITIONAL 60 DAY USAGE: 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), Low Back Chapter, Hip & Pelvis Chapter, Knee Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Cold/Heat Packs.

Decision rationale: The injured worker has a history a low back injury with three spinal surgeries. The Official Disability Guidelines do not recommend cryotherapy for the low back. However, the Official Disability Guidelines do recommended cold/heat packs as an option for acute pain. The guidelines state at-home local applications of cold packs in first few days of acute complaint; thereafter, applications of heat packs or cold packs and continuous low-level heat wrap therapy is superior to both acetaminophen and ibuprofen for treating low back pain. Based on the information provided for review there is no physician's notes or other documentation supporting the continued use of the cold compression unit. Therefore, the request for Vascutherm Cold Compression Unit, additional 60 day usage is not medically necessary.