

Case Number:	CM14-0136265		
Date Assigned:	09/05/2014	Date of Injury:	09/10/2012
Decision Date:	10/02/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	08/25/2014

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 Preventive Medicine 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 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:

According to the records made available for review, this is a 48-year-old male with a 9/10/12 date of injury. At the time (8/5/14) of request for authorization for Hot and Cold Pack/Wrap and Thermal Combo Unit, there is documentation of subjective (low back pain radiating to the legs) and objective (tenderness to palpation over the lumbar paraspinal musculature with spasms, limited lumbar range of motion secondary to pain, positive sitting root test, and decreased strength of the bilateral lower extremities) findings, current diagnoses (lumbar spine sprain/strain with myospasms, lumbar spine disc dessication, lumbar spine hemangioma at L3, and lumbar spine multilevel disc protrusions), and treatment to date (medications and acupuncture). In addition, medical report identifies a request for hot and cold pack/wrap or thermal combo unit (Vascutherm 4 DVT System). Regarding Thermal Combo Unit, there is no documentation that the patient is at high risk of developing venous thrombosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot and Cold Pack/Wrap: 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), Treatment Index, 12th Edition (web), 2014, Low Back chapter: Cold/Heat Packs

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Cold/heat packs

Decision rationale: MTUS reference to ACOEM guidelines identifies at-home applications of local heat or cold to the low back as an optional clinical measure for evaluation and management of low back complaints. ODG identifies that there is minimal evidence supporting the use of cold therapy. Therefore, based on guidelines and a review of the evidence, the request for Hot and Cold Pack/Wrap is not medically necessary.

Thermal Combo Unit: 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), Treatment Index, 12th Edition (web), 2014, Low Back chapter: Cold/Heat Packs

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter; Knee Chapter, Cold/heat packs; Cryotherapy; Venous thrombosis Other Medical Treatment Guideline or Medical Evidence: (<http://www.sosmedical.net/products/featured-products/vascutherm/>)

Decision rationale: An online source identifies Vascutherm as a device that provides heat/cold compression and DVT prophylaxis therapy. MTUS reference to ACOEM guidelines identifies at-home applications of local heat or cold to the low back as an optional clinical measure for evaluation and management of low back complaints. ODG identifies that there is minimal evidence supporting the use of cold therapy, but heat therapy has been found to be helpful for acute pain reduction and return to normal function. In addition, ODG identifies documentation of subjects who are at a high risk of developing venous thrombosis, as criteria necessary to support the medical necessity of mechanical compression therapy. Within the medical information available for review, there is documentation of diagnoses of lumbar spine sprain/strain with myospasms, lumbar spine disc dessication, lumbar spine hemangioma at L3, and lumbar spine multilevel disc protrusions. In addition, there is documentation of a request for thermal combo unit (Vascutherm 4 DVT System). However, there is no documentation that the patient is at high risk of developing venous thrombosis. Therefore, based on guidelines and a review of the evidence, the request for Thermal Combo Unit is not medically necessary.