

Case Number:	CM14-0157604		
Date Assigned:	09/30/2014	Date of Injury:	01/22/2007
Decision Date:	12/09/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	09/25/2014

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 Occupational 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 54-year-old male with a 1/22/07 date of injury. At the time (9/8/14) of request for authorization for DME Vascutherm cold/compression unit times 30 days rental, Cold/compression wrap-purchase, and Cervical collar - purchase, there is documentation of subjective (neck and upper extremity pain with numbness over right thumb as well as middle finger) and objective (right biceps weakness) findings, current diagnoses (lumbar disc disorder, post lumbar laminectomy syndrome, and lumbar spinal stenosis), and treatment to date (medications). Medical reports identify a pending Anterior Cervical Discectomy and Fusion at C5-6 that has been authorized/certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME Vascutherm cold/compression unit times 30 days rental: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Continuous flow cryotherapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Continuous-flow cryotherapy Other Medical Treatment Guideline or Medical Evidence:

<http://www.sosmedical.net/products/featured-products/vascutherm;>
<http://emedicine.medscape.com/article/1268573-overview#aw2aab6b3>

Decision rationale: An online source identifies Vascutherm as a device that provides heat/cold compression and deep venous thrombosis (DVT) prophylaxis therapy. Specifically regarding continuous-flow cryotherapy, MTUS does not address this issue. ODG identifies that continuous-flow cryotherapy is not recommended in the neck. Specifically regarding Vascutherm, MTUS and ODG do not address the issue. Medical Treatment Guideline necessitates documentation of patient with moderate, high, or very high risk for DVT to support the medical necessity of mechanical methods for reducing the incidence of DVT (include passive devices, such as graduated compression (elastic) knee or thigh-high stockings (GCS); active (external pneumatic compress or intermittent pneumatic compression [IPC]) devices; or venous foot pumps (VFP)). Within the medical information available for review, there is documentation of diagnoses of lumbar disc disorder, post lumbar laminectomy syndrome, and lumbar spinal stenosis. However, despite documentation of a pending Anterior Cervical Discectomy and Fusion at C5-6 that has been authorized/certified, there is no (clear) documentation of patient with moderate, high, or very high risk for DVT. Therefore, based on guidelines and a review of the evidence, the request for DME Vascutherm cold/compression unit times 30 days rental is not medically necessary.

Cold/compression wrap-purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Continuous-flow cryotherapy

Decision rationale: MTUS does not address this issue. ODG identifies that an associated request for DME Vascutherm cold/compression unit is not recommended in the neck. Therefore, based on guidelines and a review of the evidence, the request for Cold/compression wrap-purchase is not medically necessary.

Cervical collar - purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Cervical collar, post operative (fusion)

Decision rationale: MTUS reference to ACOEM guidelines identifies that cervical collars have not been shown to have any lasting benefit, except for comfort in the first few days of the clinical course in severe cases. ODG identifies that cervical collar is not recommended after single-level anterior cervical fusion with plate. Within the medical information available for review, there is documentation of diagnoses of lumbar disc disorder, post lumbar laminectomy syndrome, and lumbar spinal stenosis. However, there is documentation of a pending Anterior Cervical Discectomy and Fusion at C5-6 (single-level anterior cervical fusion) that has been authorized/certified. Therefore, based on guidelines and a review of the evidence, the request for Cervical collar - purchase is not medically necessary.