

Case Number:	CM14-0171329		
Date Assigned:	10/23/2014	Date of Injury:	05/02/2012
Decision Date:	12/04/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/16/2014

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 Orthopedic Surgeon and is licensed to practice in Georgia & South Carolina. 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 male who reported injury on 05/02/2012, due to constant bending over to restock shelves at his job. His diagnoses were noted to include degenerative disc disease at L1-L2, L3-L4 and L4-L5, severe left foraminal stenosis to L4-L5 and moderate right foraminal stenosis to L3-L4. His past treatments were noted to include activity restrictions, physical therapy, medications, and a lumbar epidural steroid injection. The documentation included an MRI of the lumbar spine dated 04/25/2014. No surgical history was included in the documentation submitted for review. On 09/03/2014, the injured worker stated he was working his normal job. However, he stated he had constant low back pain that did not radiate and he was not taking any medication for the pain at that time. Upon physical exam the injured worker arisen from a sitting to standing position without difficulty. The documentation noted the injured worker had decreased range of motion to his lumbar spine. The documentation did not include the injured workers list of medication. The treatment plan included a recommendation that the injured worker have a lateral posterior decompression and fusion of the L4-L5 level. A request was received for Vascutherm cold compression unit. The rationale and the request for authorization were not included in the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm cold compression unit: 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 and shoulder chapter, continuous-flow cryotherapy

Decision rationale: The request for Vascutherm cold compression unit is not medically necessary. The Official Disability Guidelines (ODG) recommends cold and heat packs as an option for acute pain. The guidelines recommend At-home local applications of cold packs in first few days of acute complaint; thereafter, applications of heat packs or cold packs. The Guidelines recommend continuous- flow cryotherapy as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. The documentation provided dated 09/03/2014, noted the injured worker was working his normal job, but complained of constant low back pain. The documentation noted the provider and the injured worker had discussed a possible foraminal decompression and instrumented spinal fusion of L3-L4 and L4-L5. The requesting physician's rationale for the request is not indicated within the provided documentation. There was no indication that the surgery mentioned has been approved or is scheduled in the near future. The request as submitted did not indicate the site at which the unit is to be used or the duration at which it is to be used. Based on the lack of documentation the request for Vascutherm cold compression unit is not supported. As such, the request is not medically necessary.