

<b>Case Number:</b>	CM14-0174470		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	01/06/1994
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 65-year-old man who sustained a work-related injury on January 6, 1994. Subsequently, he developed chronic low back pain. MRI of the lumbar spine dated November 29, 2013 documented: L1-2: trace retrolisthesis, 4-5 mm protrusion with severe bilateral NF stenosis, mild central stenosis, L2-3: 5-6 mm disc bulge, mild-moderate canal spine stenosis, and bilateral NF stenosis, L3-4: 3 mm disc bulge, severe canal stenosis, bilateral NF stenosis, L4-5: 2 mm disc, severe canal stenosis, bilateral NF stenosis. Grade I anterolisthesis and L5-S1: 2 mm disc bulge and moderate central stenosis. According to a progress report dated July 3, 2014, the patient complained of lower back pain that he rated as a 8-9/10 in severity. He also complained of bilateral cramping and numbness in legs. The patient stated that he had not gotten any relief from previous lumbar epidural steroid injections. Sensory examination of the lower extremities revealed a decreased sensation at dermatome L1 to S1. Motor examination of the lower extremities testing roots from L1 to S1 was normal with all muscle groups testing 4/5. Request was made for decompression of L3-4 and L4-5 combined with insertion of coflex device to maintain distraction at the decompress levels. The progress report dated August 1, 2014 documented that the patient still complained of lower back pain radiating to legs. Weight bearing x-rays showed severe arthritis, left greater than right. The patient was diagnosed with status post bilateral carpal tunnel releases, cervical strain/lumbar disc disease, and bilateral knee arthritis. The provider requested authorization for Vascutherm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vascutherm x 21 day rental w/ wrap, for low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) < ODG) Cold/heat packs. (http://www.worklossdatainstitute.verioiponly.com/odgtwc/low\_back.htm#SPECT).

**Decision rationale:** According to ODG guidelines, cold therapy is recommended as an option for acute pain at home local applications of cold packs in the 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. (Nadler 2003) The evidence for the application of cold treatment to low-back pain is more limited than heat therapy, with only three poor quality studies located that support its use, but studies confirm that it may be a low risk low cost option. There is minimal evidence supporting the use of cold therapy, but heat therapy has been found to be helpful for pain reduction and return to normal function. See also Heat therapy; Biofreeze cryotherapy gel. There is no evidence to support the efficacy of hot and cold therapy in this patient. There is not enough documentation relevant to the patient work injury to determine the medical necessity for cold therapy. There are no controlled studies supporting the use of hot/cold therapy in lumbar pain. Therefore, the request for Vascutherm x 21 day rental w/ wrap, for low back is not medically necessary.