

Case Number:	CM14-0042587		
Date Assigned:	06/30/2014	Date of Injury:	03/09/1972
Decision Date:	07/30/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/09/2014

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 Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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:

This patient is a 70-year-old male with a date of injury of 03/09/1972. The listed diagnosis per the treating physician is thoracic/lumbosacral neuritis/radiculitis unspecified. The patient is status post L1-3 laminectomy on 03/05/2014. The progress report 03/17/2014 indicates the patient is one week status post lumbar surgery and has demonstrated a remarkable improvement since the operation. The patient is able to walk longer distances and the incisional pain is under control with medication. The examination revealed surgical incision is healing well with no evidence of infection. The request is for a VPulse unit purchase with compression pad and installation. The medical file provided for review does not include a request for authorization or discussion regarding this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

V-Pulse Unit purchase with compression pad and installation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter Cryotherapy & Cold/Heat Packs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines has the following regarding continuous-flow cryotherapy.

Decision rationale: This patient is status post laminectomy of L1, L2, L3 performed on 03/05/2014. The request is for a V-Pulse unit for purchase with compression pad and installation. The medical file provided for review provides no discussion of this request. The V-Pulse is a cold therapy, compression and deep vein thrombosis prophylaxis therapy unit. The MTUS and ACOEM guidelines do not discuss cold therapy units. Therefore, the ODG are referenced. The ODG has the following regarding continuous-flow cryotherapy, its recommended as an option after surgery but not for nonsurgical treatment. Postoperative use generally may be up to 7 days including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic use. However, the effectiveness on more frequently treated acute injuries has not been fully evaluated. The MTUS Guideline recommends the duration of postoperative use of continuous-flow cryotherapy to be 7 days. In this case, the treating physician is recommending patient purchased of unit and has not recommended duration of use. Recommendation is for denial. As such, the request is not medically necessary.