

Case Number:	CM14-0069462		
Date Assigned:	07/14/2014	Date of Injury:	06/10/2005
Decision Date:	09/15/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/14/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 61-year-old male with a 6/10/05 date of injury. At the time (3/18/14) of request for authorization for ThermaCooler (Hot/Cold/Compression Unit) System Rental for 42 Days, there is documentation of subjective (low back pain radiating to the right lower extremity) and objective (tenderness to palpation over the lumbar spine with decreased range of motion) findings. Current diagnoses include lumbar spinal stenosis, possible lumbar discogenic and facet pain, and lumbar radiculopathy. The treatments to date include medication and lumbar epidural steroid injection. In addition, medical report identifies a request for ThermaCooler to the lumbar spine following lumbar epidural steroid injection performed on 3/18/14. 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:

ThermaCooler (Hot/Cold/Compression Unit) System Rental for 42 Days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg, Continuous-flow cryotherapy, Blue Cross/Blue Shield Policy (Cooling devices used in the home setting, DME Policy No: 7).

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 PMID: 18214217 PubMed - indexed for MEDLINE.

Decision rationale: MTUS does not specifically address this issue. 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. Medical Treatment Guideline identifies that exact recommendations on application, for postoperative cold therapy utilization following lumbar spine surgery, on time and temperature cannot be given. Within the medical information available for review, there is documentation of diagnoses of lumbar spinal stenosis, possible lumbar discogenic and facet pain, and lumbar radiculopathy. In addition, there is documentation of a request for ThermaCooler to the lumbar spine following lumbar epidural steroid injection on 3/18/14. However, there is no documentation that the patient is at high risk of developing venous thrombosis. In addition, there is no documentation of a rationale identifying the medical necessity of the requested ThermaCooler (Hot/Cold/Compression Unit) System Rental for 42 Days following a lumbar epidural steroid injection. Therefore, based on guidelines and a review of the evidence, the request for ThermaCooler (Hot/Cold/Compression Unit) System Rental for 42 Days is not medically necessary.