

Case Number:	CM14-0075180		
Date Assigned:	07/18/2014	Date of Injury:	01/12/2012
Decision Date:	08/18/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/23/2014

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, has a subspecialty 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:

The patient is a 64-year-old female with a date of injury of 01/12/2012. The listed diagnoses per [REDACTED], dated 04/09/2014, are: Status post anterior cervical discectomy and fusion at C4-C5. Status post right shoulder arthroscopy; multilevel thoracolumbar spondylosis; Grade 1 spondylolisthesis, L4-L5; and severe facet and ligamentum flavum hypertrophy, L4-L5, with moderate to severe canal stenosis. According to this report, the patient is not doing well and she is now using a rolling walker. The patient continues to complain of severe low back pain that radiates to her buttocks and posterior thighs and calves. She has numbness in both lateral calves, worse on the right and subjective weakness in her knees. She has difficulty walking and has to ambulate with the use of a walker. The objective findings show the patient appears uncomfortable but in no acute distress. She arises from her seat very slowly and with difficulty. Her gait is slow and guarded. She ambulates with the use of a rolling walker. The lumbar range of motion is markedly restricted and painful in all planes. Patellar and Achilles reflexes are 2+. Motor and sensory functions of the lower extremities are intact. The utilization review denied the request on 04/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vaso Therm Cold Compression Unit Rental: 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 on the Non-MTUS: Official Disability Guidelines (ODG), Chronic Pain, Cryotherapy.

Decision rationale: This patient presents with severe low back pain radiating into her buttocks, thighs and calves. The patient is status post anterior cervical discectomy and fusion and right shoulder arthroscopy, date of which is unknown. The provider is requesting a VasoTherm cold compression unit rental. A Vaso Therm Cold Compression unit is a combination of compression and hot/cold therapy unit in one. The MTUS and American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines are silent with regard to this request. However, the ODG recommend cryotherapy as an option for acute pain. At-home local applications of cold pack in the first few days of acute complaints, thereafter applications of heat packs. The ODG further states that mechanical circulating units with pumps have not been proven to be more effective than passive hot/cold therapy. In this case, the ODG does not support continuous cryotherapy for chronic pain. Therefore, a Vaso Therm Cold Compression Unit Rental is not medically necessary.