

Case Number:	CM14-0194760		
Date Assigned:	12/02/2014	Date of Injury:	12/18/2012
Decision Date:	01/14/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/20/2014

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 Surgery and is licensed to practice in Georgia and 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 patient is a 34-year-old injured worker who reported an injury on 12/18/2014. The mechanism of the injury occurred while the injured worker worked as a paramedic pilot, transporting a patient on the gurney that was not locked. When it started to fall, the injured worker used his weight to keep the gurney from falling and then he heard a pop to the lower back. The diagnosis included spinal/lumbar degenerative disc disease, acquired spondylolisthesis, and spinal stenosis to the lumbar. Diagnostics included an unofficial MRI of the lumbar spine dated 05/23/2014 that revealed essentially normal disc at the L4-5 and above, slightly transitional segment at the S1-2, with a vestigial disc. At the L5-S1, a subtle spondylolisthesis, and there were bilateral pars interarticularis defects. There was at least moderate bilateral foraminal narrowing with some central canal stenosis, mild. Medications included oxycodone, OxyContin, Protonix, Valium, Claritin, Lexapro, gabapentin, Rocephin IV, vancomycin IV, and lisinopril. Past treatments included physical therapy, epidural steroid injections, and medication. Prior treatments included an anterior and posterior lumbar interbody fusion with spondylolisthesis dated 09/15/2014. The clinical notes dated 10/29/2014 of the cervical spine, the examination revealed the wound was well healed with no signs of infection, with some weakness to the EHL, gastroc soleus, as well as the tibialis anterior 4+/5 on the right, with diminished sensation at the L5-S1 to the right. The treatment plan included a VascuTherm unit for a 30-day rental for the lumbar spine. The Request for Authorization dated 12/02/2014 was submitted with documentation. The rationale for the VascuTherm unit was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm Unit for a 30-day rental for the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (updated 10/31/2014), Cold Compression Therapy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic, Cryotherapy

Decision rationale: The California MTUS/ACOEM indicates that at home local applications of heat or cold are as effective as those performed by therapists. The Official Disability Guidelines recommend cold heat as an option for acute pain; at home local applications of cold therapy in the first few days of acute complaint. Continuous low level heat wraps or wrap therapy is superior to both acetaminophen and ibuprofen for treating lower back pain. There is evidence of the application of cold therapy to lower back pain being more limited than heat therapy. 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. The documentation indicates that the injured worker is postop 10 months, with a decrease in medication, although he does still have pain. The guidelines indicate cold therapy for acute pain; however, the patient has chronic pain. The guidelines do not recommend the use of the cold therapy. Therefore, the request is not medically necessary.