

Case Number:	CM14-0204644		
Date Assigned:	12/16/2014	Date of Injury:	12/18/2008
Decision Date:	02/25/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/08/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

76 year old male claimant with an industrial injury dated 12/18/08. The patient is status post a lumbar fusion. Exam note 08/05/14 states the patient returns with back pain. The patient is status post a cardiac clearance. Diagnosis is noted as degenerative spondylolisthesis at L4-5, spinal stenosis at L3-4, L4-5, and L5-S1, along with severe collapse of the L5-S1 disc space with up and down foraminal stenosis, and right leg radiculopathy. Treatment includes a Vascutherm rental and back wrap.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm 30 day rental and back wrap (purchase): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation ODG Shoulder Chapter: Venous thrombosis

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Cold/Heat packs.

Decision rationale: CA MTUS/ACOEM is silent on the issue of continuous flow cryotherapy. According to the ODG Low Back section, cold/heat packs is recommended as an option for acute pain. It is recommended for at home application of cold packs for the first few days of acute complaint. The ODG does not recommend a motorized hot cold therapy unit such as Vascutherm as cold packs is a low risk cost option. Therefore the Vascutherm 30 day rental and back wrap (purchase) is not medically necessary.