

<b>Case Number:</b>	CM15-0166584		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	12/06/2010
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 injured worker is a 58 year old male, who sustained an industrial injury on 12-6-2010. The current diagnoses are moderate-to-severe lumbar spinal stenosis L4-L5 with disc protrusion and episodic urinary incontinence consistent with early cauda equina syndrome. According to the progress report dated 7-9-2015, the injured worker presents with deterioration in his condition. He notes pain in the lower back with radiation into his bilateral lower extremities associated with numbness, tingling, weakness, and episodes of falling. In addition, he reports episodes of urinary incontinence. The level of pain is not rated. The physical examination of the lumbar spine reveals patches of numbness and tingling from the knees down to his toes in the lower extremities. He has notable weakness in the bilateral tibialis anterior, extensor hallucis longus, and gastroc soleus 5-10 to 4-10. Treatment to date has included medication management, physical therapy, chiropractic, and MRI Studies. Work status is described as temporary total disability. A request for bilateral laminectomy at L4-L5 with discectomy was submitted. The original utilization review (8-18-2015) had non-certified a request for a TEC system - (iceless cold therapy unit with DVT and lumbar wrap).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TEC system - (iceless cold therapy unit with DVT and lumbar wrap): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Continuous flow cryotherapy.

**Decision rationale:** Pursuant to the ACOEM and the Official Disability Guidelines, TEC system (iceless cold therapy unit with DVT and lumbar wrap) is not medically necessary. The ACOEM states "patient at home application of heat or cold packs may be used before or after exercises and aren't effective as those performed by a therapist. The Official Disability Guidelines state "not generally recommended in the shoulder". The main thrombosis and pulmonary embolism events are common complications following lower extremity orthopedic surgery, but are rare following upper extremity surgery, especially shoulder arthroscopy. The preoperative workup should include risk factors for DVT. The vascultherm device provides heat and cold compression therapy wrap for the patient's home for indication of pain, edema, and DVT prophylaxis for post-operative orthopedic patients. ODG Guidelines specifically addresses the short-term benefit of cryotherapy post-surgery; however, limits the use for 7-day post-operative period as efficacy has not been proven after. In this case, the injured worker's working diagnoses are lumbar spinal stenosis L4 - L5 moderate to severe with disc protrusion; cervical kyphosis C5, C6 and C7 with discopathy and broad-based disc protrusions at C6 - C7 and central protrusion at C5 - C6; episodic urinary incontinence consistent with early cauda equina syndrome. Date of injury is December 6, 2010. Request for authorization is August 5, 2015. According to a progress note dated July 9, 2015, the injured worker is a 58-year-old with subjective symptoms of neck pain with radiation to the upper extremities and low back pain with radiation to the lower extremities. The treating provider is requesting bilateral laminectomy L4 - L5 with discectomy. The treating provider requesting a TEC system with iceless cold therapy unit with DVT and lumbar wrap. There is no duration of use in the request. There are no risk factors in the medical record (past medical history or review of systems) for DVT or risk of thrombosis. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation with comorbid conditions or risk factors for deep vein thrombophlebitis and no duration of use for the cold therapy unit, TEC system (iceless cold therapy unit with DVT and lumbar wrap) is not medically necessary.