

Case Number:	CM15-0213829		
Date Assigned:	11/03/2015	Date of Injury:	07/10/2015
Decision Date:	12/15/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/30/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 49 year old male who sustained an industrial injury on 7-10-15. The injured worker reported back pain. A review of the medical records indicates that the injured worker is undergoing treatments for lumbar and cervical spine sprain strain, lumbar spine multilevel disc protrusions and migraine headaches. Medical records dated 8-12-15 indicate upper back pain rated at 8 out of 10 and low back pain rated at 9 out of 10. Provider documentation dated 9-17-15 noted the work status as temporary totally disabled. Treatment has included radiographic studies, lumbar spine magnetic resonance imaging, physical therapy, and acupuncture treatment. Objective findings dated 9-17-15 were notable for tenderness to palpation to upper right trapezius muscle and suboccipital bilaterally with limited range of motion, tenderness to palpation to the lumbar paraspinals and bilateral sacroiliacs with limited range of motion. The original utilization review (10-16-15) partially approved a request for Hot and cold pack/wrap or thermal combo unit and Vascutherm 4 DVT system.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot and cold pack/wrap or thermal combo unit: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care.

Decision rationale: The ACOEM low back section does espouse the use of heat and cold in the initial and ongoing care of back pain. The patient does have ongoing and persistent low back pain complaints. However there is no indicated need for specialized hot/cold device versus at home compresses which have clinically be shown to have equal efficacy. Therefore the request is not medically necessary.

Vascutherm 4 DVT system: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) DVT prevention.

Decision rationale: The ODG does recommend DVT prophylaxis therapy in patients who are undergoing high risk surgeries or at increased risk. The patient does have documented risk factors, but first line recommended treatment is medication management. The patient has no contraindication to this treatment and therefore the request for a vascutherm device is not medically necessary. In addition the documentation does not indicate this to be used in a post surgical condition, therefore is not medically necessary.