

Case Number:	CM15-0216816		
Date Assigned:	11/06/2015	Date of Injury:	12/11/2014
Decision Date:	12/21/2015	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/03/2015

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 51 year old female, who sustained an industrial injury on 12-11-2014. Diagnoses include annular tear and disc bulge L5-S1, left S1 radiculitis. Treatments to date include activity modification, anti-inflammatory, muscle relaxants, chiropractic therapy, and lumbar epidural steroid injection. On 9-30-15, she complained of increasing low back pain with increased radiation to left lower extremity associated with left leg weakness and giving way. The physical examination documented lumbar tenderness with muscle spasms, decreased range of motion, and decreased sensation and weakness to left lower extremity. The straight leg raise and bowstring test are positive on the left side. The plan of care included anterior lumbar decompression and instrumented fusion at L4-5 and L5-S1 and associated services. The appeal requested authorization for a cold compression device with DVT, 30-day rental, lumbar spine; and for a lumbar spine wrap, purchase, per order dated 10-23-15. The Utilization Review dated 11-2-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold compression device with DVT, 30 day rental, lumbar spine, per 10/23/15 order:
Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://www.aetna.com/cpb/medical/data/200_299/0297.html.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, cold compression device with DVT, 30 day rental, lumbar spine per October 23, 2015 order 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 vascutherm 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. Aetna considers passive hot and cold therapy medically necessary. Mechanical circulating units with pumps have not been proven to be more effective than passive hot and cold therapy. In this case, the injured worker's working diagnoses are HNP L5 - S1; DDD L4 - L5 and L5 - S1 with segmental instability; and NFN left L4 - L5. The date of injury is December 11, 2014. Request for authorization is October 28, 2015 citing an October 23, 2015 order. There was no October 23, 2015 order in the medical record. According to a progress note dated September 30, 2015, the injured worker is authorized for anterior lumbar decompression and instrumented fusion at L4 - L5 and L5 - S1 with allograft bone, interbody cage and anterior plating November 3, 2015. Subjectively, the injured worker has ongoing low back pain that radiates to the bilateral lower extremities. Objectively, the injured worker has normal motor, power and reflexes with positive straight leg raising. There is no documentation of surgery to the lower extremities. There is no clinical indication for compression therapy. Compression therapy is limited for a seven-day postoperative period. The treating provider requested a 30-day rental. There is no clinical indication for a 30-day rental. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no clinical indication for compression therapy and a clinical indication for seven days (treating provider requested 30 day rental), cold compression device with DVT, 30 day rental, lumbar spine per October 23, 2015 order is not medically necessary.

Lumbar spine wrap, purchase per 10/23/15 order: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar supports.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://www.aetna.com/cpb/medical/data/200_299/0297.html.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, lumbar spine wrap, purchase per October 23, 2015 order 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 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. Aetna considers passive hot and cold therapy medically necessary. Mechanical circulating units with pumps have not been proven to be more effective than passive hot and cold therapy. There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. These palliative tools may be used on a trial basis but should be monitored closely. Emphasis should focus on functional restoration and return of patients to activities of normal daily living. In this case, the injured worker's working diagnoses are HNP L5 - S1; DDD L4 - L5 and L5 - S1 with segmental instability; and NFN left L4 - L5. The date of injury is December 11, 2014. Request for authorization is October 28, 2015 citing an October 23, 2015 order. There was no October 23, 2015 order in the medical record to gather additional details for the request. According to a progress note dated September 30, 2015, the injured worker is authorized for anterior lumbar decompression and instrumented fusion at L4 - L5 and L5 - S1 with allograft bone, interbody cage and anterior plating November 3, 2015. Subjectively, the injured worker has ongoing low back pain that radiates to the bilateral lower extremities. Objectively, the injured worker has normal motor, power and reflexes with positive straight leg raising. There is no documentation of surgery to the lower extremities. There is no clinical indication for compression therapy. Cold packs are recommended as an option for acute pain. At home applications of cold packs are indicated in the first few days of acute complaint; thereafter application of heat packs or cold packs. There is no clinical indication for a lumbar wrap for cold pack applications. There is minimal evidence supporting the use of cold therapy. Based on the clinical information in the medical record and peer-reviewed evidence-based guidelines, lumbar spine wrap, and purchase per October 23, 2015 order is not medically necessary.