

<b>Case Number:</b>	CM15-0036739		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	01/20/1993
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

According to progress note of January 7, 2015, the injured workers chief complaint was low back pain and cervical neck pain. The injured worker described the low back pain as constant, burning, cramping numbness on the left side of the lumbar region. The injured worker rated the pain at 5-6 out of 10; 0 being no pain and 10 being the worse pain. The injured worker was having associated symptoms of muscle spasms, weakness and numbness of the left medical thigh. The left leg was numb after walking down the injure workers 100 foot driveway. The neck pain was described as varies in intensity, cramping and sickening ache. The pain was bilateral with the left greater than the right. The pain was located in the occipital, neck and shoulders in the trapezius muscles. The neck pain radiated into the left upper extremity and down into the fingers. The injured worker was experiencing numbness of both hands and digits, right worse than the left. The injured worker rated the pain 4-5 out of 10. The injured worker was diagnosed with cervical radiculopathy, carpal tunnel syndrome, depressive disorder, anxiety, nonorganic sleep disorder, atrial fibrillation, multiple level lumbar degenerative disc disease, fusion L4-S1 and fusion of C6-C7. The injured worker previously received the following treatments MRI of the lumbar spine, MRI of the cervical neck, thoracic spine MRI, EMG/NCS (electromyography and nerve conduction studies) of the upper and lower extremities, x-rays of the lumbar spine, narcotic pain medication, antidepressants, medication for constipation, neuropathic medication, injections, L4-S1 fusion, C6-C7 fusion and intramuscular injections for pain. The primary treating physician requested authorization for durable medical equipment of water circulation cold pad with pump. February 14, 2015, the Utilization Review denied authorization for durable

medical equipment of water circulation cold pad with pump. The denial was based on the MTUS/ACOEM and ODG guidelines.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Post operative intermittent compression device for cervical spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter, Compression.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Compression garments. <http://www.odg-twc.com/index.html>.

**Decision rationale:** According to ODG guidelines, Compression garments Recommended. Good evidence for the use of compression is available, but little is known about dosimetry in compression, for how long and at what level compression should be applied. Low levels of compression 10-30 mmHg applied by stockings are effective in the management of telangiectases after sclerotherapy, varicose veins in pregnancy, the prevention of edema and deep vein thrombosis (DVT). High levels of compression produced by bandaging and strong compression stockings (30-40 mmHg) are effective at healing leg ulcers and preventing progression of post-thrombotic syndrome as well as in the management of lymphedema. (Partsch, 2008) (Nelson-Cochrane, 2008) See also Lymphedema pumps; Venous thrombosis. Recent research: There is inconsistent evidence for compression stockings to prevent post-thrombotic syndrome (PTS) after first-time proximal deep venous thrombosis (DVT). The findings of this study do not support routine wearing of elastic compression stockings (ECS) after DVT. PTS is a chronic disorder affecting 40%-48% of patients during the first 2 years after acute symptomatic DVT. The American College of Chest Physicians currently recommends wearing compression stockings with 30-40 mm Hg pressure at the ankle for 2 years to reduce the risk of developing PTS, but the data supporting this recommendation are inconsistent, and come from small-randomized trials without blinding. This high quality double-blind randomized trial compared compression stockings to sham stockings (without therapeutic compression) in 806 patients with proximal DVT and concluded otherwise. (Kahn, 2014) The provider requested post op intermittent compression device of the cervical spine however, he did not provide any justification. ODG guidelines do not support cervical compression device. Therefore, the request is not medically necessary.

#### **Post operative 30 day rental of cold therapy unit for cervical spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter, Cold Therapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cold/heat packs.  
([http://www.worklossdatainstitute.verioiponly.com/odgtwc/low\\_back.htm#SPECT](http://www.worklossdatainstitute.verioiponly.com/odgtwc/low_back.htm#SPECT)).

**Decision rationale:** According to ODG guidelines, cold therapy is Recommended as an option for acute pain. At-home local applications of cold packs in first few days of acute complaint; thereafter, applications of heat packs or cold packs. (Bigos, 1999) (Airaksinen, 2003) (Bleakley, 2004) (Hubbard, 2004) Continuous low-level heat wrap therapy is superior to both acetaminophen and ibuprofen for treating low back pain. (Nadler 2003) The evidence for the application of cold treatment to low-back pain is more limited than heat therapy, with only three poor quality studies located that support its use, but studies confirm that it may be a low risk low cost option. (French-Cochrane, 2006) 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. (Kinkade, 2007) See also Heat therapy; Biofreeze cryotherapy gel. There is no evidence to support the efficacy of hot and cold therapy in this patient. There is not enough documentation relevant to the patient work injury to determine the medical necessity for cold therapy. There is no controlled studies supporting the use of hot/cold therapy in neck and shoulder pain. Therefore, the request for Postoperative 30 day rental of cold therapy unit for cervical spine is not medically necessary.