

<b>Case Number:</b>	CM15-0041025		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	07/15/1997
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 54 year old female, who sustained an industrial injury on July 15, 1997. She has reported back pain. Diagnoses have included back pain, sciatica, spinal stenosis and lumbar spine degenerative disc disease. Treatment to date has included medications, cold therapy, transforaminal epidural steroid injection, spinal fusion, and imaging studies. A progress note dated January 29, 2014 indicates a chief complaint of back pain. The treating physician documented a plan of care that included medications and follow up in three months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro (DOS 1/29/14 to 2/12/14): Vascutherm Unit 14 additional days: 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) Treatment Index, 13 Edition, 2015, Knee & Leg, continuous flow cryotherapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines shoulder chapter, continuous-flow cryotherapy.

**Decision rationale:** This patient has a date of injury of 07/15/97 and is status post lumbar surgery on 01/14/14. The current request is for RETRO DOS 1/29/14 TO 2/12/14 VASCUTHERM UNIT 14 ADDITIONAL DAYS. The MTUS and ACOEM guidelines do not discuss specifically discuss Vascutherm units. Therefore, ODG Guidelines are referenced. ODG Guidelines under the shoulder chapter has the following regarding continuous-flow cryotherapy: "Recommended as an option after surgery but not for nonsurgical treatment. Postoperative use generally may be up to 7 days including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic use. However, the effectiveness on more frequently treated acute injuries has not been fully evaluated." According to progress report dated 01/29/14, the patient is progressing as expected. Patient was encouraged to wean down medications and "she will keep the cold machine for another 2 weeks." The MTUS Guideline recommends the duration of postoperative use of continuous-flow cryotherapy to be 7 days. In this case, the treating physician has recommended additional 2 weeks which exceeds what is allowed by ODG. This request IS NOT medically necessary.