

Case Number:	CM14-0121898		
Date Assigned:	08/06/2014	Date of Injury:	08/29/2011
Decision Date:	12/17/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/01/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 41 year-old male with date of injury 08/29/2011. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 07/11/2014, lists subjective complaints as pain in the low back and neck. Patient is status post L4-S1 decompression and fusion on 07/03/2014. Objective findings: Examination of the lumbar spine revealed tenderness to palpation over the spinous processes and bilateral paravertebral muscles. Decreased range of motion particularly upon flexion and extension. Straight leg raising test was positive bilaterally at 90 degrees. Increased pain with heel/toe walk. Tenderness to palpation and decreased range of motion of the cervical spine. Cervical compression test was positive. Diagnosis: 1. Cervical spine herniated nucleus pulposus 2. Lumbar spine herniated nucleus pulposus 3. Stress 4. Anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot/Cold/Compression (vascutherm 4 system) 4-4 week rental: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Cold packs

Decision rationale: Insufficient testing exists to determine the effectiveness (if any) of heat/cold applications in treating mechanical neck disorders, though due to the relative ease and lack of adverse effects, local applications of cold packs may be applied during first few days of symptoms followed by applications of heat packs to suit patient. Hot/Cold/Compression (vascutherm 4 system) 4-4 week rental is not medically necessary.