

Case Number:	CM14-0129822		
Date Assigned:	09/22/2014	Date of Injury:	07/20/1994
Decision Date:	10/31/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/14/2014

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:

The injured worker is a 54-year-old male who has submitted a claim for status post lumbar fusion at L4-5 and L5-S1 with pedicle screw loosening at L3, bilateral sacroiliitis, and bilateral lumbar radiculopathy associated with an industrial injury date of 07/20/1994. Medical records from 04/01/2014 to 09/03/2014 were reviewed and showed that injured worker complained of chronic low back pain graded 9/10 radiating down bilateral feet. Physical examination revealed tenderness over lumbar paraspinal muscles and bilateral SI joints, decreased range of motion (ROM), hypesthesia along L4 and L5 dermatome distribution bilaterally, and weakness of bilateral hamstrings, quadriceps, and extensor hallucis longus muscles. Magnetic resonance imaging (MRI) of the lumbar spine dated 07/07/2014 revealed L2-3 and L3-4 disc bulge and L3-S1 posterior fusion changes with laminectomy at L4-S1 level. Computed Tomography (CT) scan of the lumbar spine dated 08/01/2012 revealed prior laminectomies at L3-5 and solid intervertebral body fusion at L4-5 and L5-S1. Treatment to date has included L3-5 hardware removal and revision fusion (07/16/2014), spinal cord stimulator trial and removal (07/01/2014), physical therapy, back brace, acupuncture, and pain medications. Of note, there was no objective documentation of functional outcome from previous physical therapy, spinal cord stimulator trial, acupuncture, back brace, and pain medications. Utilization review dated 07/23/2014 denied the request for 21-day rental Vascutherm cold compression unit because there was lack of quality scientific evidence of therapeutic efficacy. Utilization review dated 07/23/2014 denied the request for 1 Vascutherm pad unit as the cold compression unit was not deemed medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

21 Day Rental Vascutherm Cold Compression Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Knee & Leg (Acute & Chronic), Low Back-Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, continuous flow cryotherapy

Decision rationale: CA MTUS does not specifically address continuous-flow cryotherapy; however, the Official Disability Guidelines recommend continuous-flow cryotherapy as an option after surgery, but not for non-surgical treatment. Postoperative use generally may be up to 7 days, including home use. In this case, the injured worker underwent L3-5 hardware removal and revision fusion on 07/16/2014 that prompted request for Vascutherm cold compression unit. However, the injured worker has been in the postoperative period beyond 7 days. The guidelines do not recommend continuous-flow cryotherapy beyond 7 days postoperatively. The request likewise exceeded guidelines recommendation of no more than 7 days of cryotherapy. Therefore, the request for 21-day rental Vascutherm cold compression unit is not medically necessary.

1 Vascutherm Pads Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Knee & Leg (Acute & Chronic), Low Back-Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, continuous flow cryotherapy

Decision rationale: CA MTUS does not specifically address continuous-flow cryotherapy; however, the Official Disability Guidelines recommend continuous-flow cryotherapy as an option after surgery, but not for non-surgical treatment. Postoperative use generally may be up to 7 days, including home use. The dependent request, 21-day rental Vascutherm cold compression unit, was deemed not medically necessary. Therefore, the request for 1 Vascutherm Pads Unit is not medically necessary.