

Case Number:	CM14-0161073		
Date Assigned:	10/06/2014	Date of Injury:	05/31/2000
Decision Date:	11/03/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	10/01/2014

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 Orthopedic Surgery, and is licensed to practice in Texas. 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 70 year old male with a date of injury of 5/31/2000. The mechanism of injury was not documented. Past medical history was reported as negative. Past surgical history was positive for lumbar laminectomy in 2004 and lumbar fusion and disc replacement at L4/5 on 11/18/13. The injured worker underwent lumbar interbody fusion at L3/4 and L5/S1 with instrumentation on 8/1/14. The use of a VascuTherm unit was approved for 30-day use based on compressive garment guidelines for the management and prevention of lower extremity edema. The 8/28/14 neurosurgeon report indicated that the injured worker presented on 8/21/14 with severe left leg pain not controlled by oral medications. A lumbosacral computed tomography (CT) scan demonstrated the left L4 cortical screw was transverse the lateral recess at the L4/5 level and contacting the left L4 nerve root. Surgery was performed on 8/22/14 and the left L4 cortical screw was removed. The screw had loosened due to the bone softening of the pedicle and was not replaced. The pain significantly improved after surgery with residual sensory loss in the dorsal aspect of the left foot. The 9/2/14 utilization review denied the request for a 30-day extension of the VascuTherm unit rental based on lack of documented medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 day extension for rental of vascutherm without prophylaxis (3-4 times a day): 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), Knee and Leg (Acute and Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

Decision rationale: The VascuTherm unit without prophylaxis is a cold therapy unit. The American College of Occupational and Environmental Medicine (ACOEM) guidelines state that the routine use of high-tech devices for hot or cold therapy is not recommended in the treatment of lower back pain. Guidelines support the use of hot or cold packs for injured workers with low back complaints. Guideline criteria have not been met. There is no compelling reason submitted to support the medical necessity of a cold therapy unit over cold packs and in the absence of guideline support. Therefore, this request is not medically necessary.