

Case Number:	CM14-0168896		
Date Assigned:	10/17/2014	Date of Injury:	08/24/2011
Decision Date:	11/18/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/13/2014

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 Physical Medicine & Rehabilitation, 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:

According to the records made available for review, this is a 65-year-old male with an 8/24/11 date of injury. At the time (9/30/14) of Decision for Purchase of LSO (lumbar-sacral orthosis) Brace and 2 week rental of Vascutherm 4DVT (deep vein thrombosis) system with hot-cold compression, there is documentation of subjective (cervical spine pain radiating to the upper extremities in the shoulder, arm, forearm to the hand) and objective (generalized diffuse tenderness to palpitation over the cervical spine, restricted range of motion of the cervical spine; and positive foraminal compression test, Spurling's test and reverse Spurling's test) findings, current diagnoses (cervical spine stenosis and cervical spine degenerative disc disease), and treatment to date (medications). There is no documentation of a pending surgery that has been authorized/certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of LSO (lumbar-sacral orthosis) Brace: 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), Low Back, Lumbar Supports; Cervical collar, post operative (fusion)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar Support; and Back Brace, post operative (fusion)

Decision rationale: MTUS reference to ACOEM identifies that lumbar support have not been shown to have any lasting benefit beyond acute phase of symptom relief. ODG identifies documentation of compression fractures, spondylolisthesis, or documented instability, as criteria necessary to support the medical necessity of lumbar support. ODG also notes that post-operative back brace is under study, but given the lack of evidence supporting the use of these devices, a standard brace would be preferred over a custom post-op brace, if any, depending on the experience and expertise of the treating physician. Within the medical information available for review, there is documentation of diagnoses of cervical spine stenosis and cervical spine degenerative disc disease. However, there is no documentation of a pending surgery that has been authorized/ certified. Therefore, based on guidelines and a review of the evidence, the request for Purchase of LSO (lumbar-sacral orthosis) Brace is not medically necessary.

2 week rental of Vascutherm 4DVT (deep vein thrombosis) system with hot-cold compression: 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), Neck & Upper Back, Continuous-flow cryotherapy; Shoulder, Venous thrombosis

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Polar care (cold therapy unit); Venous thrombosis Other Medical Treatment Guideline or Medical Evidence: (<http://www.sosmedical.net/products/featured-products/vascutherm/>)

Decision rationale: An online source identifies Vascutherm as a device that provides heat/cold compression and DVT prophylaxis therapy. MTUS does not address this issue. ODG identifies that continuous-flow cryotherapy is recommended as an option after surgery for up to 7 days, including home use. In addition, ODG identifies documentation of subjects who are at a high risk of developing venous thrombosis, as criteria necessary to support the medical necessity of DVT prevention system. Within the medical information available for review, there is documentation of diagnoses of cervical spine stenosis and cervical spine degenerative disc disease. However, there is no documentation of a pending surgery that has been authorized/ certified. Therefore, based on guidelines and a review of the evidence, the request for 2 week rental of Vascutherm 4DVT (deep vein thrombosis) system with hot-cold compression is not medically necessary.