

Case Number:	CM14-0176846		
Date Assigned:	10/30/2014	Date of Injury:	09/13/2012
Decision Date:	12/05/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/24/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 48 year old male employee with date of injury of 9/13/2012. A review of the medical records indicate that the patient is undergoing treatment for status post lumbar decompression and fusion for L4-S1 disc herniation. Subjective complaints include back pain improvement after surgery, 8/10 to 4/10. Objective findings include physical exam revealing surgery wound is healed, no erythema, normal lordosis, flexion limited to 50/60 and extension 25/25, left bend is 25/25; no tenderness to palpation in the spinous processes. Patient was to begin physical therapy after procedure but results were not included in the medical files. The utilization review dated 9/24/2014 non-certified the request for a DME Vascutherm 4 System with Garment.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME Vacutherm 4 System with Garment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 161. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Continuous Flow Cryotherapy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Official Disability Guidelines Back, Continuous-flow cryotherapy.

Decision rationale: MTUS is silent regarding this topic. ACOEM states, "Routine use of cryotherapies in health care provider offices or home use of high-tech device for the treatment of LBP is not recommended. However, single use of low-tech cryotherapy (ice in a plastic bag) for severe exacerbations is reasonable". ODG states, "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 usage; however, the effect on more frequently treated acute injuries (eg, muscle strains and contusions) has not been fully evaluated." ODG allows up to 7 days of use of cold therapy unit postoperatively in specific situations, but not with heat therapy or compression. The use of controlled cold therapy units with pumps or portable refrigerators have not been shown to offer any clinically significant benefit over passive methods of cold therapy. The treating physician has not provided medical documentation to exceed guideline recommendations. As such, the request for DME Vascutherm 4 System with Garment is not medically necessary.