

Case Number:	CM14-0216420		
Date Assigned:	01/07/2015	Date of Injury:	03/30/2011
Decision Date:	03/04/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/24/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 59-year-old female who reported an injury on 03/30/2011. The mechanism of injury was unspecified. Her relevant diagnoses include degenerative disc disease of the lumbosacral spine, degenerative spondylolisthesis and probable ischemic spondylolisthesis with degeneration at L5-S1. Her past treatments included selective nerve blocks, medications, physical therapy and injections. Documentation regarding her pertinent diagnostic studies, pertinent surgical history and pertinent medications was not provided for review. On 10/13/2014, the injured worker complained of progressive severe pain that was aggravated by twisting, turning and bending that radiates to the bilateral lower extremities. The injured worker also complained of weakness in the lower extremities and numbness, tingling and paresthesia. The physical examination of the lumbar revealed tenderness at the L4-5 and L5-S1 with moderate paraspinal muscle guarding. Documentation also indicated a moderate left sciatic notch tenderness and moderate right sided notch tenderness. Her range of motion included flexion at 45 degrees, extension at 5 degrees with increased pain, left lateral side bending at 10 degrees and right lateral side bending at 10 degrees. The injured worker was indicated to have hyperesthesia of the entire dorsum of the left foot, lateral aspect of the left leg, medial dorsum of the right foot. The injured worker was also noted to have decreased motor strength and decreased deep tendon reflexes. The injured worker was noted to have bilateral positive straight leg raise and sciatic stretch sign. Her treatment plan included a surgical request for decompression, laminectomy and discectomy of the L4-5 and L5-S1 with posterolateral fusion and interbody fusion implants. The

treatment plan included VascuTherm combination therapy/compression unit. A rationale was not provided for the request. A Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Vascutherm combination therapy/compression unit: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee & Leg, Continuous-flow cryotherapy.

Decision rationale: The request for associated surgical service: VascuTherm combination therapy/compression unit is not medically necessary. According to the Official Disability Guidelines, continuous flow cryotherapy is recommended as an option after surgery, postoperatively for up to 7 days including home use. The cryotherapy units have been used to decrease pain, inflammation, swelling, narcotic usage, and to treat acute injuries. The injured worker was indicated to be pending a surgical request for decompression, laminectomy and discectomy of the L4-5 and L5-S1 with posterolateral fusion and interbody fusion implants. The injured worker would meet guideline recommendations for the unit if deemed to be proceeding with the surgical procedure. However, the request as submitted failed to specify the duration of use for the VascuTherm combination therapy/compression unit. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.