

Case Number:	CM15-0112326		
Date Assigned:	06/18/2015	Date of Injury:	09/30/2013
Decision Date:	07/17/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/10/2015

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, Indiana, Oregon
 Certification(s)/Specialty: Orthopedic Surgery

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 59-year-old male sustained an industrial injury on 9/30/13. He subsequently reported back pain. Diagnoses include degenerative disc disease of the lumbar spine. Treatments to date include x-ray and MRI testing, back surgery, injections, physical therapy and prescription pain medications. The injured worker continues to experience low back pain with radiation to the buttock, left lateral thigh and occasionally into the area below the knee. Upon examination, lumbar range of motion was decreased in flexion and extension due to pain. Left antalgic gait was noted. Positive supine straight leg raise at 70 degrees on the left and positive Lasegue was noted. A request for associated surgical service: the treating physician made Vascutherm cold compression with DVT (deep vein thrombosis) pad, 7-day rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Vascutherm cold compression with DVT (deep vein thrombosis) pad, 7 day rental: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.

Decision rationale: CA MTUS/ACOEM is silent on the issue of continuous flow cryotherapy. According to the ODG Low Back section, cold/heat packs is recommended as an option for acute pain. It is recommended for at home application of cold packs for the first few days of acute complaint. The ODG does not recommend a motorized hot cold therapy unit such as vascutherm as cold packs is a low risk cost option. In this case, there is a request for a DME not recommended in the guidelines. Based on this the request is not medically necessary.