

Case Number:	CM15-0115581		
Date Assigned:	07/06/2015	Date of Injury:	01/15/2014
Decision Date:	08/05/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/15/2015

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

Certification(s)/Specialty: Family Practice

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 47 year old obese female who sustained a work related injury January 15, 2014. According to a physician's assistant's report dated May 18, 2015, the injured worker presented for re-evaluation of ongoing low back pain as well as left leg sciatica. Over the last 6 weeks she has noted significantly worsening left leg burning, numbness, and tingling. The symptoms are described as constant and severe. She reports a decreased efficacy with her medications. Physical examination revealed tenderness at the lumbosacral junction on the left, range of motion is moderately decreased, markedly positive left straight leg raise and a hyperflexic patellar reflex. She has dysesthesias to the left buttocks, posterior thigh and calf. Her gait is antalgic. A more recent lumbar MRI, dated May 12, 2015 (report present in the medical record), was compared to the previous one and revealed significant worsening of the left paracentral L5-S1 disc extrusion causing severe foraminal stenosis impinging on the exiting and traversing nerve roots. Diagnoses are other kyphoscoliosis; sprain of neck; displacement of lumbar intervertebral disc without myelopathy. Treatment plan included a left L5-S1 microdiscectomy, pre-operative labs, and chest x-ray and at issue, a request for authorization for post-operative physical therapy and cold therapy Vascutherm unit. Surgery is scheduled for July 7, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold Therapy Vascutherm unit without deep vein thrombosis for 30 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute and Chronic): Continuous Flow Cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter/Continuous-flow cryotherapy.

Decision rationale: The low back chapter of ODG does not address continuous flow cryotherapy. The Neck and Upper Back Chapter of ODG notes that Continuous-flow cryotherapy is not recommended in the neck. It is recommended as an option after shoulder surgery, but not for nonsurgical treatment. In this case, the injured worker was scheduled for lumbar spine surgery. While placement of standard cold packs post operatively is supported, the request for specialized cold therapy unit is not supported per evidence based guidelines. The request for Cold Therapy Vascutherm unit without deep vein thrombosis for 30 days is not medically necessary and appropriate.

8 post operative physical therapy visits, may include aquatic therapy: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy; Functional Improvement.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22, Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: The MTUS post surgical treatment guidelines recommend 16 sessions of post operative treatments status post lumbar discectomy. With regards to aquatic therapy, the MTUS guidelines note that aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The medical records note that the injured worker is obese. The injured worker has been recommended for lumbar discectomy. The request for 8 post operative physical therapy visits, may include aquatic therapy is medically necessary and appropriate.