

Case Number:	CM15-0175062		
Date Assigned:	09/16/2015	Date of Injury:	01/09/2012
Decision Date:	10/19/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	09/04/2015

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: New York, West Virginia,
 Pennsylvania Certification(s)/Specialty: Emergency 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(n) 41 year old male, who sustained an industrial injury on 1-9-12. The injured worker was diagnosed as having lumbar disc displacement without myelopathy and lumbar radiculopathy. The physical exam (3-12-15 through 5-7-15) revealed spasms and tenderness over the paravertebral muscles, "decrease" lumbar range of motion and dysesthesia in the L4, L5 and S1 dermatomes. Treatment to date has included physical therapy, acupuncture and a lumbar epidural injection (date of service not provided) without significant improvement. As of the PR2 dated 6-4-15, the injured worker reports chronic pain in his lumbar spine with radiation of his pain to the lower extremities. Objective findings include spasms and tenderness over the paravertebral muscles and "decrease" lumbar range of motion. The treating physician recommended a transforaminal interbody fusion at L5-S1. The treating physician requested a Q-tech cold therapy recovery system with DVT prevention. The Utilization Review dated 7-29-15, non-certified the request for a Q-tech cold therapy recovery system with DVT prevention.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME Q-Tech Cold Therapy Recovery System with DVT Prevention: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Integrated Treatment/Disability.

Decision rationale: Guidelines state that the Cold Therapy Recovery System with DVT Prevention has not been proven to be effective. Based on the review of medical records, the requested treatment is not supported by guidelines. The request for DME Q-Tech Cold Therapy Recovery System with DVT Prevention is not medically necessary.