

Case Number:	CM15-0179414		
Date Assigned:	09/21/2015	Date of Injury:	09/30/2013
Decision Date:	10/29/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/11/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 male who sustained an industrial injury on 9-30-13. A review of the medical records indicates he is undergoing treatment for degenerative joint disease of the lumbar spine (which is noted as "resolved") and low back pain radiating to the left leg. Medical records (7-13-15 to 8-24-15) indicate that he is status post lumbar microdiscectomy and was "doing well", experiencing "periodic episodes of low back pain and spasm" (7-13-15), until 8-12-15. He reports that on that date, he "felt a pop" that was associated with increasing low back pain. He was undergoing physical therapy at that time and they advised to forgo therapy treatments until he had been seen by his provider. The report indicates that the injured worker complained of "left side numbness and tingling from shoulder to toes" on the night prior to the report of 8-24-15. The physical exam (8-24-15) indicates "4 out of 5 quadriceps strength on the left" and a positive straight leg raise sign "on the side which reproduces his low back and radiating left leg pain and numbness". Sensation was diminished "about the anterolateral thigh on the left". His gait was noted to be "normal, non-antalgic". The treating provider documented "concern about a recurrent disc herniation". An MRI of the lumbar spine was recommended, as well as a Medrol Dosepak and the use of "the cold machine which provided good temporizing relief of his pain". The treating provider also indicated that the injured worker has "failed tow microdiscectomies and would likely recommend spinal fusion at that level", if there is a recurrent disc herniation. The utilization review (8-31-15) indicates denial of the request for the Vascutherm, indicating that "guideline support for the use of this unit in cases of low back pain was not found".

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued use of Vascutherm cold compression w/ DVT pad: 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 ODG online, Shoulder, Continuous-flow cryotherapy.

Decision rationale: The patient presents with pain affecting the low back. The current request is for Continued use of Vascutherm cold compression w/ DVT pad. The treating physician report dated 8/24/15 (16B) notes that the patient is status 2 1/2 months post redo microdiscectomy. The ODG guidelines support continuous-flow cryotherapy only after surgery as an option for up to 7 days. In this case, the patient has used a Vascutherm cold compression unit previously for an unspecified period of time. Furthermore, the current request does not specify a duration in which the Vascutherm unit will be used and therefore does not satisfy the ODG guidelines. The current request is not medically necessary.