

Case Number:	CM15-0095857		
Date Assigned:	05/22/2015	Date of Injury:	02/12/2015
Decision Date:	06/24/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/18/2015

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: Illinois, California, Texas
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:

The injured worker is a 36-year-old male who sustained an industrial injury on 2/12/15. Injury occurred while he was using lift straps to lift a cabinet, and felt immediate pain to his low back. Over the next two days he developed severe back pain radiating down his left posterior thigh into his foot and toes and was bedridden. The 3/16/15 lumbar spine MRI impression documented left paracentral L5/S1 posterior disc extrusion with mass effect on the left S1 nerve root. He underwent left L5/S1 microlumbar hemilaminotomies, partial medial facetectomy, and discectomy on 5/1/15. The 5/8/15 treating physician report indicated that the injured worker was one week post-op. The incision was healing well without signs of infection. He had not used oxycodone in the past few days and was ready to taper down on the OxyContin. He was provided instructions on appropriate tapering and provided a prescription for oxycodone for breakthrough pain. Continued use of the VascuTherm device was requested for 3 weeks. The injured worker was tapering off narcotics and it was helping minimize the post-op pain so he could continue to downward taper. The 5/13/15 utilization review non-certified the request for continued VascuTherm use as there was no information presented that suggested this injured worker should be an outlier.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue Vascultherm (Additional 3 weeks): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated Treatment/Disability Duration Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, Chapter 12 Low Back Disorders (Revised 2007), Hot and cold therapies, page(s) 160-161.

Decision rationale: The California MTUS are silent regarding cold therapy devices, but recommend at home applications of cold packs. The ACOEM Revised Low Back Disorder Guidelines state that the routine use of high-tech devices for hot or cold therapy is not recommended in the treatment of lower back pain. Guidelines support the use of hot or cold packs for patients with low back complaints. Guideline criteria have not been met. There is no compelling reason submitted to support the medical necessity of the continued use of a cold therapy unit over standard cold packs. Therefore, this request is not medically necessary.