

Case Number:	CM13-0008584		
Date Assigned:	09/12/2013	Date of Injury:	02/28/2012
Decision Date:	01/27/2014	UR Denial Date:	07/01/2013
Priority:	Standard	Application Received:	08/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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 physician 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/services.

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 underlying date of injury in this case is 02/28/2012. This patient is a 59-year-old woman who has reported persistent low back pain with severe numbness, tingling, cramping, and weakness down her legs. The patient's diagnoses include cervical and right shoulder sprain, left upper extremity radiculopathy, lumbar disc protrusions with radiculopathy, right knee internal derangement, myospasms, and cervical multilevel disc bulges. The patient is status post surgery which consisted of a bilateral laminectomy at L3, L4, and L5 with decompression and also removal of a free fragment.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 weeks rental of ThermoCooler System E1399 (hot, cold and compression system) between 5/31/2013 and 5/31/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48.

Decision rationale: ACOEM Guidelines, Chapter 3 Treatment, page 48, states, "During the acute to subacute phases for a period of 2 weeks or less, physicians can use passive modalities such as application of heat and cold for temporary amelioration of symptoms and to facilitate mobilization and graded exercise." The records in this case are not consistent with this

recommendation. The records and the guidelines do not support a request for the current treatment as medically necessary. This request is not medically necessary.

1 Thermacool Pad/Wrap E0249 NU between 5/31/2013 and 5/31/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48.

Decision rationale: ACOEM Guidelines, Chapter 3 Treatment, page 48, states, "During the acute to subacute phases for a period of 2 weeks or less, physicians can use passive modalities such as application of heat and cold for temporary amelioration of symptoms and to facilitate mobilization and graded exercise." The records in this case are not consistent with this recommendation. The records and the guidelines do not support a request for the current treatment as medically necessary. This request is not medically necessary.