MAXIMUS Federal Services

Case Number:	CM13-0018751		
Date Assigned:	10/11/2013	Date of Injury:	02/07/2013
Decision Date:	01/24/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/30/2013

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 & Rehabilitation and is licensed to practice in Oklahoma and Texas. 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 52-year-old female who reported an injury on 02/07/2013 due to falling from a chair, causing low back pain. The patient was initially treated with medication and physical therapy. The patient underwent an MRI that revealed disc degeneration at the L3-4 and a disc bulge at the L3-4. The patient underwent an MRI of the cervical spine that revealed a disc bulge at the C3-4. The patient was then treated with chiropractic care, epidural steroid injections, and a back brace. The patient's most recent physical exam findings included restricted range of motion of the cervical spine described as 35 degrees in flexion, 35 degrees in extension, and 65 degrees in bilateral rotation, with sensory deficits noted in the C6, C7, and C8 dermatomes. Physical findings of the lumbar spine noted diminished sensation in the L1, L2, L3, L5, and S1 dermatomes. The patient had tenderness to palpation along the L3-4, L4-5, and L5-S1 musculature bilaterally. The patient's range of motion of the lumbar spine was described as 45 degrees in flexion, 0 degrees in extension, 20 degrees in bilateral lateral bending, and 30 degrees in spinal rotation. The patient's diagnoses included displacement of the lumbar intervertebral disc without myelopathy, lumbago, spinal stenosis of the cervical region, myalgia, cervical radiculopathy, and osteoarthritis of the shoulders. The patient's treatment plan included medications and topical analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for durable medical equipment- Cold Therapy Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The requested durable medical equipment- Cold Therapy Unit is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has continued cervical and lumbar spine pain. Official Disability Guidelines recommend continuous flow cryotherapy as an option after surgery, but not for nonsurgical treatment. The clinical documentation submitted for review does not provide any evidence that the patient is a surgical candidate and would require the need of postsurgical management. Therefore, the use of a continuous flow cryotherapy unit would not be supported. As such, the requested durable medical equipment- Cold Therapy Unit is not medically necessary or appropriate.