

Case Number:	CM13-0019561		
Date Assigned:	10/11/2013	Date of Injury:	04/29/2013
Decision Date:	01/03/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	09/03/2013

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 Occupational Medicine 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 patient is a represented [REDACTED] employee who has filed a claim for chronic low back reportedly associated with an industrial injury of April 29, 2013. So far the patient has been treated with the following: Analgesic medications, transfer of care to and from various providers in various specialties, lumbar spine MRI imaging; apparently notable for large disk protrusion at L4-L5 and L5-S1, consultation with a spine surgeon who has endorsed spinal decompression surgery, and extensive periods of time off of work, and is total temporarily disabled. In a utilization review report of August 6, 2013, the claims administrator approved microdiscectomy, hemilaminectomy, foraminotomy surgery and partially certified one-day inpatient stay. The claims administrator denied a request for postoperative cryotherapy twice a week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative cryotherapy twice a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),.

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

Decision rationale: According to the MTUS/ACOEM Guidelines in Chapter 12, at home local applications of heat and cold are as effective as those applied by a therapist or by implication, those employed or delivered through high-tech means. The ACOEM Practice Guidelines 3rd

Edition, Chapter 12, also argue against routine use of high-tech devices to deliver cryotherapy. The request for Post-operative Cryotherapy is not medically necessary and appropriate.

Two day inpatient stay: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hospital Length of Stay.

Decision rationale: The Physician Reviewer's decision rationale: The Official Disability Guidelines (ODG), Hospital Length of Stay Guidelines, recommend outpatient surgery for diskectomy procedure and a best practice target of one day following laminectomy surgery. The medical records provided for review indicates that the employee plans to undergo both diskectomy and laminectomy on multiple levels. The actual data suggests that median length of stay following laminectomy is two days and the median length of stay following diskectomy is one day. The medical records reflects that the two-day inpatient hospitalization proposed by the attending provider is indicated, appropriate, and reasonable, given the multiple procedures being performed concurrently and the multiple levels being targeted. The request for a two day inpatient stay is medically necessary and appropriate.