

Case Number:	CM13-0021608		
Date Assigned:	11/13/2013	Date of Injury:	11/01/2007
Decision Date:	01/10/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	09/09/2013

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, has a subspecialty in Pediatric Rehabilitation and Medicine and is licensed to practice in Illinois, Indiana 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 67-year-old male who sustained a work related injury on 06/10/2006. The mechanism of injury was reported as lifting a patient off the floor. A Request for Authorization report dated 07/19/2013 indicated patient complaints of dull low back pain that radiated into the bilateral legs, left side greater than right, with numbness and tingling sensation into the feet. The patient rated his pain 8/10. The patient reported taking over the counter analgesic medication for pain as needed, as well as hydrocodone QR and naproxen. Physical examination revealed diffuse tenderness over the paraspinal musculature, moderate facet tenderness from L4-S1, supine straight leg raise positive bilaterally, and decreased range of motion of the lumbar spine. The patient's diagnoses included lumbar disc disease and lumbar facet arthropathy. Treatment recommendations included request for authorization for a repeat L4-S1 medial branch facet joint rhizotomy/neurolysis and a hot/cold contrast system for after the rhizotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot/cold contrast system: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Cold/Heat Packs, Continuous-flow cryotherapy..

Decision rationale: CA MTUS/ACOEM Guidelines recommend cold/heat packs as an option for acute pain with at home local applications of cold packs in the first few days of acute complaint, and applications of heat packs or cold packs thereafter. Official Disability Guidelines recommend at-home application of hot/cold packs for acute low back pain; however, recommend the use of continuous-flow cryotherapy as an option after surgery but not specifically addressed for the lumbar spine. The clinical information submitted for review indicates that the request for the hot/cold contrast system was to be used status post rhizotomy. There is no current documentation indicating that the patient underwent the proposed rhizotomy. Furthermore, the treatment with the requested modality at this distant period from injury would not be considered appropriate as hot/cold packs are intended for use in acute pain. Given the guidelines do not address this treatment modality for the lumbar spine, the medical necessity for hot/cold contrast system has not been established.