

Case Number:	CM13-0024142		
Date Assigned:	03/21/2014	Date of Injury:	09/20/2012
Decision Date:	05/21/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	09/13/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Pennsylvania. 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/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 claimant is a 50-year-old gentleman who injured the low back on September 20, 2012. The records provided for review included a the report of a follow up visit on July 19, 2013 at which time surgery for an anterior/posterior lumbar fusion from the L4 through S1 level was recommended. It was documented that the claimant had failed conservative care at that time. The surgery was denied by Utilization Review. There is no documentation in the records that the surgery has taken place. There is, however, a request for the use of a ThermoCool Unit for postoperative use as well as a Combo Care IV Stimulation Unit for postoperative use in this individual's requested two level fusion procedures. The remainder of the clinical records is not pertinent to the specific postoperative clinical requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

THERMOCOOL UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-339.

Decision rationale: The Expert Reviewer's decision rationale: California ACOEM Guidelines do not support the role of a cryotherapy device for postoperative use following this claimant's lumbar related procedure. First and foremost, the claimant's surgical process has not been established as medically necessary. ACOEM Guidelines do not recommend the use of a cryotherapy "device" in the postoperative setting. Rather ACOEM Guidelines recommend the application of cold packs for acute clinical processes. The request for Thermocool unit is not medically necessary.

COMBOCARE 4 STIMULATION UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118,120,121.

Decision rationale: The Expert Reviewer's decision rationale: California MTUS Chronic Pain Guidelines do not recommend the postoperative use of a Combo Care IV Stimulation Unit. Current peer-reviewed literature states that a Combo Care IV Simulation Unit is a combination of interferential stimulation and neuromuscular electrical stimulation. At present Chronic Pain Guidelines only recommend the use of neuromuscular electrical stimulation as part of a rehabilitation program following a stroke. There is no documentation within the records that indicates the claimant is being treated for a stroke. The request Combocare 4 stimulation unit is not medically necessary.