

Case Number:	CM13-0025282		
Date Assigned:	11/20/2013	Date of Injury:	06/06/2010
Decision Date:	01/14/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/16/2013

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 Pain Management 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. 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:

This is a male patient with the date of injury of June 6, 2010. A utilization review determination dated August 21, 2013 recommends certification for lumbar spine surgery, labs, x-rays, physical therapy, back brace, front wheel Walker, 3 in one commode, shower bench, and non-certification of cold therapy unit. Non-certification of cold therapy was due to "no literature documentation of superiority over typically readily available cold applications (at home)." An operative report dated October 17, 2013 identifies procedure performed of L4 through S1 spinal fusion. A progress report dated September 13, 2013 identifies subjective complaints stating, "complains of low back pain radiating to legs." Objective examination findings identify, "unchanged from previous visit." This diagnosis includes lumbar disc herniation and radiculitis. Treatment plan states "proceed with L4-5, L5-S1 PLIF."

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy unit with pad rental: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: Regarding the request for cold therapy unit, Occupational Medicine Practice Guidelines recommend the use of at-home application of heat or cold. ODG recommends at

home local application of cold packs in the first few days of acute complaints. The Guidelines go on to state that there is minimal evidence supporting the use of cold therapy, but heat therapy has been found to be helpful for pain reduction and return to normal function. Within the documentation available for review, it is clear the patient has recently undergone lumbar spinal fusion. Guidelines do support the use of local application of ice using low-tech at-home modalities. Guidelines do not recommend the use of continuous cold therapy or other advanced cold therapy techniques, in the treatment of lumbar spine complaints. As such, the currently requested cold therapy unit is not medically necessary.