

Case Number:	CM13-0028101		
Date Assigned:	02/21/2014	Date of Injury:	06/19/2005
Decision Date:	04/15/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	09/23/2013

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 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 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:

Patient is a female with an industrial injury of 6/19/13. On 7/26/13 the patient had a T9-sacrum fusion with a lateral interbody fusion at L4-5, and spent two weeks in a rehab facility. Notes from 8/21/13 demonstrate patient has been on multiple medications since being discharged, including Oxycontin 40mg twice a day, Dilaudid 4-6mg 4-6 times a day, and Prednisolone 8mg a day. Patient is complaining of back pain, numbness and weakness in the anterior thigh and groin area. She states the pain is helped with medications and a K-pad. Exam reveals knee jerk is depressed on the right side, active on the left, and ankle jerks right and left. Exam on 10/9/13 demonstrates patient is still in pain and has been wearing a high thoracolumbar polypropylene type of brace. Exam notes from 1/2/14 demonstrate patient is still wearing the brace, x-rays show no change in the fusion, and forward bend of 50% during exam. Request is for K-Pad devices (cold therapy) unit for six to eight weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

K-Pad devices (cold therapy) unit, for six to eight weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Work loss Data Institute, LLC, Corpus Christi, TX; www.odg-twc.com; Section: Low Back, Cold/heat packs

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section, Cold/Heat packs

Decision rationale: CA MTUS/ACOEM is silent on the issue of cold therapy. According to the Official Disability Guidelines (ODG), it is indicated for acute pain. As the patient is greater than two months status post lumbar fusion the determination is non-certification, as it is not recommended by the guidelines. Therefore, the request for k-pad devices (cold therapy) unit, for six to eight weeks daily use is not medically necessary and appropriate.