MAXIMUS Federal Services

Case Number:	CM13-0028181		
Date Assigned:	11/22/2013	Date of Injury:	03/29/2007
Decision Date:	02/21/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/23/2013

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 Orthopedics and is licensed to practice in New Hampshire, New York and Washington. 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 patient is a 52 year old male with an injury March 29, 2007. The patient has chronic low back pain and had posterior spinal fusion. He still has residual back pain after his surgery. His back pain surgery for fusion was several years ago. The patient gets temporal pain relief from pain medication. Physical examination reveals well-healed surgical incisions, the ability to heel toe walk and to squat to 30%. He has tenderness to palpation of the bilateral posterior iliac spines, tenderness the paraspinal muscle palpation the lumbar spine and decreased range of back motion. Straight leg raising is positive bilaterally. There is decreased sensation and motor strength in lower extremities. Treatment to date includes acupuncture, lumbar ESI, right ilioinguinal nerve block, physical therapy and medications. At issue is whether a hot cold unit is medically necessary. â¿¿

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot and Cold Compression Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Continuous Flow Cryotherapy. Aetna Clinical Policy Bulletin, Cryoanalgesia and Therapeutic Cold.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Continuous Flow Cryotherapy. Aetna Clinical Policy Bulletin, Cryoanalgesia and Therapeutic Cold.

Decision rationale: Hot cold compression unit is not medically necessary. Established criteria for use are not met. ODG guidelines indicate that continuous flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. This patient is far removed from his previous lumbar fusion surgery. He is at least 3 years postoperative and not in the acute postoperative phase. Hot cold compression unit is not medically necessary and not likely to provide lasting relief of his chronic low back pain.