MAXIMUS Federal Services

Case Number:	CM13-0032607		
Date Assigned:	12/20/2013	Date of Injury:	10/15/2010
Decision Date:	10/30/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/08/2013

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:

52 year old female claimant with an industrial injury dated 10/15/10. The patient is status post a 360' fusion at L5-S1 dated 10/05/12. Exam note 10/13/14 states the patient returns with low back pain and leg pain. The patient describes numbness and the pain is very painful. She states the pain is increased when wlaking, bending and stomping activites. Upon physical exam the patient had an extension of 10', straight leg raise of 90', and 60' bilaterally in supine position. Sensation was decreased in the right lower extremity compared to the left, and motor was intact. Reflexes were intact in the patella and decreased in the archilies. A surical scar was evident in the lower spinous processes with some tenderness to palpation along the adjacant paraspinals and S1 joint. Diagnosis includes chronic right L5 radiculopathy. Treatment includes a motorized hot/cold therapy unit rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

MOTORIZED HOT COLD THERAPY UNIT RENTAL: Upheld

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

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, Cold/heat packs

Decision rationale: CA MTUS/ACOEM is silent on the issue of continuous flow cryotherapy. According to the ODG Low Back section, cold/heat packs is recommended as an option for acute pain. It is recommended for at home application of cold packs for the first few days of acute complaint. The ODG does not recommend a motorized hot cold therapy unit as cold packs is a low risk cost option. Therefore the determination is for non-certification.