MAXIMUS Federal Services

Case Number:	CM13-0035687		
Date Assigned:	03/19/2014	Date of Injury:	10/22/2010
Decision Date:	09/08/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/17/2013

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 Occupational Medicine 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:

The patient is a 45-year-old female who was injured on 10/22/2010. She sustained injury to her neck, mid back, low back, right shoulder and left ankle. She was cleaning a lamp and suddenly her left foot got stuck on a cable that was on the floor. She notes that as a result, she lost her balance and fell backward landing on her back. Prior treatment history has included the patient being status post lumbar epidural steroid injection at L4-5 and L5-S1 on 06/2012 and reported 75-80% decrease of lower radicular extremity pain and 65-70% decrease of lower back pain, however, the pain returned. She is taking Neurontin, Norco, Prilosec, Robaxin, Lidoderm patch and Flector patch with some pain relief. She had a lumbar ESI performed on 07/10/2013. The patient also had extracorporeal shockwave therapy, three treatments on 03/25/2013.Progress note dated 02/27/2013 documented the patient with complaints of neck, low back pain with radiation into the left lower extremity pain and radiating right upper extremity pain. Objective findings on exam reveal cervical spine range of motion is 30% of normal. Positive Spurling test and positive compression testing. Bilateral upper extremity biceps and triceps 4/5. Bilateral intrinsic are 3/5. Hyperreflexia is present throughout bilateral upper extremity. The lumbar spine range of motion is 50% of normal. Left lower extremity extensor hallucis longus and gastrotocnemius are 4/5. There is decreased sensation on the left lower extremity and also decreased sensation in the right upper extremity. Impression: 1.Right shoulder sprain/strain2.Chronic musculoligamentous derangement of the cervical spine3.Chronic musculoligamentous derangement of the thoracic spine4.Chronic musculoligamentous derangement of the lumbar spine5.Left ankle sprain/strainProgress note dated 06/25/2013 documented the patient with complaints of neck pain that radiates to the right shoulder down to right upper extremity with mid back pain and lower back pain that radiates to her bilateral lower extremities. Objective findings on examination of the cervical spine reveal limited range of motion in all directions, secondary to

increased pain, tightness, and stiffness. She has minimal tenderness over the cervical spinous processes and interspaces from C4 to C7. Upper extremity reflexes were slightly diminished at the right triceps and otherwise normal. Sensory exam showed diminished sensation to touch at the medial and lateral aspect of the right forearm. The thoracic spine reveals tenderness in the spinous processes and interspaces from T5 to T11. The lumbar spine range of motion is limited in all directions, secondary to increased pain, tightness, and stiffness. There is severe tenderness over the lumbar spinous processes and interspaces from L3 to S1. The patient has positive straight leg raise in the sitting position bilaterally. Lower extremity reflexes are present at both patella and somewhat diminished at both Achilles. Sensory exam showed mild diminished sensation to touch at the left L4, L5, and S1 nerve root distributions. The progress report dated 09/09/2013 was not entirely legible. It was noted that the patient was awaiting authorization for an ESI and continues to have lumbar spine pain down to bilateral lower extremity. Objectively, tenderness to palpation, decreased ROM cervical and lumbar spine, 4/5 motor, Kemp positive. Otherwise, the report was not legible.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME COLD THERAPY 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 (OGD), Cold 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-Lumbar & Thoracic, Cold heat packs.

Decision rationale: The Official Disability Guidelines indicate cold therapy is recommended for acute pain for the first few days. However, there is limited evidence to support the use of cold therapy, but heat therapy has been found helpful in the management of low back pain. The progress report dated 09/09/2013, requesting authorization for the purchase of a cold therapy unit was hand written and only partially legible. There was no portion of the report that addressed medical necessity for the cold unit. The indications per the guidelines are not present in the records available for review therefore the request is not medically necessary.