

Case Number:	CM13-0041635		
Date Assigned:	03/24/2014	Date of Injury:	09/29/2011
Decision Date:	04/30/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/11/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 56-year-old male who reported an injury on 10/26/1980. The mechanism of injury was not stated. The patient is diagnosed with lumbar degenerative disc disease at L4-5, lumbar disc protrusion, lumbar radiculopathy, and lumbar stenosis. The patient was seen by [REDACTED] on 08/30/2013. The patient reported ongoing lower back pain with radiation and weakness to bilateral lower extremities. The patient has previously undergone conservative treatment including physical therapy, chiropractic care, acupuncture, bracing, anti-inflammatory medication, and epidural injections. Physical examination on that date revealed paraspinal musculature tenderness, decreased range of motion, and weakness, and decreased sensation in bilateral lower extremities. Treatment recommendations at that time included authorization for a posterior lumbar interbody fusion with instrumentation at the L4-5 level. A request for authorization was then submitted on 09/14/2013 by [REDACTED] for a posterior lumbar interbody fusion as well as postoperative DME including a cold physical therapy unit with pad rental for 14 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

14 DAY RENTAL OF WATER CIRCULATING COLD PAD WITH PUMP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: Official Disability Guidelines state continuous flow cryotherapy is not recommended for the neck. It is recommended as an option after shoulder surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. There are no guideline recommendations for a continuous flow cryotherapy unit for the lumbar spine. There is no indication that this patient's surgical procedure has been authorized. Therefore, the request for postoperative durable medical equipment cannot be determined as medically appropriate at this time. As such, the request is non-certified