

Case Number:	CM13-0042889		
Date Assigned:	12/27/2013	Date of Injury:	05/05/2010
Decision Date:	02/26/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/30/2013

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 Anesthesiology, has a subspecialty in Pain 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 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:

The patient is a 44-year-old female who reported an injury on 05/05/2010. According to the documentation, the patient has had low back pain rated up to an 8/10, with pain radiating to the bilateral legs with numbness and weakness. The patient was most recently seen on 12/04/2013, for continuing complaints of low back pain with numbness and tingling in the bilateral lower extremities. The patient is considering getting another surgery, due to the excruciating lower back pain. The patient has a well-healed scar over both the thoracic and lumbar areas, spanning 10 cm in the thoracic spine and 10 cm in the lumbar spine. Paravertebral muscles were tender to palpation, and spasms were present. Range of motion was also restricted, and the straight leg raise was positive bilaterally. The patient had been diagnosed with failed back syndrome, status post lumbar and thoracic spine fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

hot/cold contrast system: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Continuous-flow cryotherapy.

Decision rationale: Regarding the request for a hot/cold contrast system, under California MTUS at ACOEM, the only reference to any hot or cold applications are noted as a physical method of application of heat or cold being as effective if performed by a patient at home compared to the same application if performed by a therapist. Official Disability Guidelines has also been referred to in this case. Official Disability Guidelines states that continuous-flow cryotherapy units are recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use is generally up to 7 days, including home use. In the case of this patient, although she has indicated she is considering additional surgery, at this time, there is no surgical date set. Therefore, the indication for the use of a hot/cold contrast system cannot be established. As such, the requested service is non-certified.