

Case Number:	CM13-0044593		
Date Assigned:	12/27/2013	Date of Injury:	09/08/1981
Decision Date:	03/26/2014	UR Denial Date:	10/01/2013
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 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 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 60 year old female sustained an injury on September 8, 1981. Posterior lumbar interbody fusion at L4-5 has been certified to treat degenerative spondylolisthesis with instability. A hot/cold therapy unit was requested

IMR ISSUES, DECISIONS AND RATIONALES

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

hot/cold therapy unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 162. 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 (ODG).

Decision rationale: A hot/cold therapy unit would not be considered medically necessary based upon the records provided in this case and the guidelines. Cold/heat packs are recommended as an option for acute pain. The period of acute pain following surgery is typically one to two weeks. There is no documentation provided that indicates this claimant would be an exception to the timeframe for acute postoperative pain. Therefore, a hot/cold therapy unit is not medically necessary at this time.