

Case Number:	CM13-0045068		
Date Assigned:	12/27/2013	Date of Injury:	12/12/2001
Decision Date:	06/04/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	10/30/2013

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 Anesthesiology and is licensed to practice in California and Nevada. 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 49 year old male whose date of injury is 12/12/2001. The patient is status post IDET/Nucleoplasty decompression at L4-5 on 11/14/02, right carpal tunnel release, spinal cord stimulator placement on 11/10/05 with revision on 02/02/09 and removal on 02/01/10, and lumbar interbody fusion at L4-5 and L5-S1 on 03/06/12. Note dated 01/24/13 indicates that the patient is status post left knee arthroscopic repair on 10/10/12. The patient underwent lumbar discography on 04/08/13 which was unequivocally positive at L3-4 greater than L2-3 with completely negative control at L1-2. The patient was subsequently recommended for additional lumbar surgical intervention. Note dated 10/02/13 indicates that the patient recently underwent massive re-exploration and revision of a pseudarthrosis with extension of lumbar fusion to four levels. The patient was recommended to utilize a hot/cold compression unit with pad and wrap postoperatively.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOT/COLD COMPRESSION UNIT WITH PAD AND WRAP LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 300.

Decision rationale: Based on the clinical information provided, the request for hot/cold compression unit with pad and wrap lumbar spine is not recommended as medically necessary. The patient underwent lumbar surgery in 2013. MTUS/ACOEM Guidelines note that at-home local applications of heat or cold are as effective as those performed by therapists, and hot/cold compression unit is not supported. Therefore, the request for a hot/cold compression unit with pad and wrap for the lumbar spine are not medically necessary and appropriate.