

Case Number:	CM13-0058836		
Date Assigned:	12/30/2013	Date of Injury:	09/21/2005
Decision Date:	05/06/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/27/2013

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 Interventional Spine 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:

This patient is a 58-year-old female with date of injury 09/21/2005. Per treating physician's report which is a letter of appeal dated 12/05/2013 listed diagnoses are status post cervical discectomy and fusion from 2008, status post cervical hardware removal from 2011, lumbar spinal contusion strain, lumbar discopathy, bilateral wrist tendonitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a Q-tech cold therapy unit for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) CRYOTHERAPY

Decision rationale: This patient presents with chronic neck pain with a history of cervical fusion from 2008 and hardware removal from 2011. Patient has some chronic low back pain as well. There is a request for Q-Tech cold therapy unit. Unfortunately, in his letter of appeal 12/05/2013, he does not explain what this Q-Tech cold therapy unit is. Internet does not provide

ready explanation or description of this particular unit. The treating physician assumes that a reader would understand what this particular unit is, but based on description of "cold therapy unit", it is assumed that this is a kind of continuous flow cold therapy unit. ODG Guidelines do not support continuous flow cold therapy units for chronic pain. It is something that is recommended for postoperative care. This patient's surgery from several years ago and the request appears to be for this patient's chronic pain for which it is not indicated. Recommendation is for denial.