

Case Number:	CM13-0063786		
Date Assigned:	05/07/2014	Date of Injury:	08/31/2006
Decision Date:	06/12/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	12/10/2013

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 Orthopedic Surgery and is licensed to practice in New York. 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 54-year-old male who has chronic low back pain. Physical examination reveals an antalgic gait in positive straight leg raise on the left and weakness of the left ankle dorsiflexors. There is some diminished sensation in the dorsum of the foot. X-ray show L4-5 spondylolisthesis. MRI shows L4-5 disc bulge causing moderate to severe canal stenosis. Current diagnoses include spondylolisthesis at L4-5 and stenosis at L4-5. Treatment includes physical therapy, medications, activity modifications, acupuncture, and ESI. At issue is whether or not hot/cold therapy unit with wraps is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOT/COLD THERAPY UNIT WITH WRAP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Cochrane Library (PubMed).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter

Decision rationale: The MTUS and the Official Disability Guidelines do not support the use of cold therapy wrap after lumbar spinal surgery. There is no literature supporting the use of hot and cold therapy wrap improving functional or improving outcome for lumbar surgery.

Scientific effectiveness of hot cold therapy lumbar fusion has not been shown. Therefore, the request for a hot/cold therapy unit with wrap is not medically necessary and appropriate.