

<b>Case Number:</b>	CM14-0003460		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	10/03/2011
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	01/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2014

### 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 Surgeon, and is licensed to practice in Texas. 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 61-year-old whose date of injury is October 3, 2011. The patient reports that she was working when she experienced severe low back pain. MRI of the lumbar spine dated November 29, 2012 revealed mild to moderate anterior loss of disc height with 2 mm disc bulge at L1-2 and L2-3. At L4-5 there is 2-3 mm anterolisthesis with overlapping 3-4 mm left greater than right disc bulge and associated severe facet arthropathy and ligamentum flavum hypertrophy contribute to moderate spinal canal stenosis. At L5-S1 there is a 2-3 mm left greater than right disc bulge with severe facet arthropathy contributing to mild left foraminal stenosis. There is possible indentation of the right S1 nerve root by the right facet joint osteophyte. The patient underwent lumbar epidural steroid injection on December 12, 2012. Note dated January 9, 2013 indicates that the patient underwent a second lumbar epidural steroid injection on December 26, 2012 which helped for a few days. Panel qualified medical examination dated June 1, 2013 indicates that diagnosis is spinal stenosis due to degenerative lumbar facet joints and degenerative disc changes. The patient underwent posterior spinal instrumentation and fusion at L4-5 and posterolateral arthrodesis at L4-5 with laminectomy and facetectomy at L4-5 with posterior osteotomy of inferior facets with foraminotomies of exiting L4 nerve roots on 08/08/13. Follow up note dated 08/20/13 indicates that the incision is clean, dry and intact. Motor exam of the lower extremities is rated as 5/5 with the exception of 4/5 weakness in the extensor hallucis longus. Note dated November 26, 2013 indicates that motor exam is 5/5 and straight leg raising is negative. X-rays of the lumbar spine revealed instrumentation, allograft and PEEK graft to be in excellent position. G-tech cold therapy recovery system - 35 day rental with wrap purchase and x-force stimulator unit 90 day trial, plus three months supplies have been requested.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Q-TECH COLD THERAPY RECOVERY SYSTEM - 35 DAY RENTAL WITH WRAP PURCHASE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Cold/Heat Packs.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Cold/Heat Packs.

**Decision rationale:** Based on the clinical information provided, the request for Q-Tech cold therapy recovery system-35 day rental with wrap purchase is not recommended as medically necessary. The patient underwent posterior spinal instrumentation and fusion at L4-5 and posterolateral arthrodesis at L4-5 with laminectomy and facetectomy at L4-5 with posterior osteotomy of inferior facets with foraminotomies of exiting L4 nerve roots on August 8, 2013. The Official Disability Guidelines note that there is minimal evidence supporting the use of cold therapy, but heat therapy has been found to be helpful for pain reduction and return to normal function. The request for a Q-tech cold therapy recovery system, 35-day rental with wrap purchase, is not medically necessary or appropriate.

### **X-FORCE STIMULATOR UNIT 90 DAY TRIAL, PLUS 3 MONTHS SUPPLIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, CHRONIC PAIN.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTROTHERAPY Page(s): 114-121.

**Decision rationale:** Based on the clinical information provided, the request for x-force stimulator unit 90 day trial plus three months supplies is not recommended as medically necessary. The Chronic Pain Medical Treatment Guidelines would support an initial trial of 30 days of stimulation to establish efficacy of treatment and the current request is excessive. There are no specific, time-limited treatment goals provided. It is unclear whether other appropriate pain modalities have been tried (including medication) and failed as required by Chronic Pain Medical Treatment Guidelines. The request for an x-force stimulator unit, 90 day trial, plus three months of supplies, is not medically necessary or appropriate.