

Case Number:	CM14-0005722		
Date Assigned:	02/07/2014	Date of Injury:	06/13/2008
Decision Date:	06/30/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/15/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

The patient is a 63-year-old female who has submitted a claim for lumbar disc disease, lumbar facet syndrome, bilateral hip osteoarthritis, and bilateral knee osteoarthritis associated with an industrial injury date of June 13, 2008. Medical records from 2010-2013 were reviewed showing the patient having low back and knee pain. The pain has decreased in the low back grade 2 to 3 out of 10. The pain was sore and aching with some weakness to the legs. She also had complaints involving the bilateral knees but had gotten better. Physical examination of the lumbar spine revealed tenderness over the paravertebral musculature and lumbosacral junction. Lumbar range of motion was limited and there was increased pain on extension and rotation. For the examination of the knees, patient was positive for patellar compression test. MRI of the lumbar spine, dated June 22, 2009 revealed moderate central stenosis, L3-L4 and L2-L3, and moderate to severe degree of lateral recess and foraminal stenosis at L4-L5. Treatment to date has included medications, physical therapy, acupuncture, aquatherapy, activity modification, epidural steroid injections, home exercise program, TENs unit, chiropractic therapy, and lumbar medial branch block. Utilization review dated December 30, 2013 denied the request for cold therapy unit since the pain is beyond the acute stage. In addition, with regards to treatment after rhizotomy and neurolysis, local applications of ice packs should be sufficient to provide pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

COLD THERAPY UNIT PURCHASE ONLY QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Aetna Clinical Policy Bulletin: Cryoanalgesia and Therapeutic Cold

Decision rationale: The CA MTUS does not address cold therapy units specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Aetna Clinical Policy Bulletin was used instead. Aetna considers the use of hot/ice machines and similar devices experimental and investigational for reducing pain and swelling after surgery or injury. Studies failed to show that these devices offer any benefit over standard cryotherapy with ice bags/packs. In this case, the patient has chronic low back pain and was being considered for bilateral L4-S1 medial facet joint rhizotomy and neurolysis. The documentation states that the patient should receive a hot/cold unit following the procedure. The medical records did not show evidence that medial facet joint rhizotomy and neurolysis has been done. Furthermore, it is unclear why regular ice bags/packs will not suffice. In addition, the specific body part to be treated and the duration of use were not mentioned in the request. Guidelines do not recommend the use of this device. Therefore, the request for COLD THERAPY UNIT PURCHASE ONLY QTY: 1.00 is not medically necessary.