

Case Number:	CM14-0005737		
Date Assigned:	02/07/2014	Date of Injury:	09/22/2011
Decision Date:	06/12/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/13/2014

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 Surgery 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 claimant is a 48-year-old male who was injured on September 22, 2011. The clinical progress note dated January 16, 2014, documents that the claimant was evaluated by an orthopedic surgeon who recommended lumbar spine surgery and the claimant deferred at that time. Claimant presents with continued complaints of low back pain. The examination documents for lumbar muscle spasm with terms to touch of the paraspinal muscles. The motor examination documents weakness on the right lower extremity when compared left and diminished sensation to light touch on the right in an L3-S1 distribution. Straight leg raise is positive on the right and "FABERE is positive bilaterally." Lumbar range of motion is noted to be restricted. The utilization review in question was rendered on December 17, 2013. The request for a hot/cold compression unit for lumbar pain with radiculopathy was non-certified. The reviewer cites the guidelines that support usage of these devices in the postoperative timeframe. However, the reviewer indicates that there is no request for operative intervention or indication that operative intervention has been performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOT/COLD COMPRESSION UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Cold Compression Therapy.

Decision rationale: The MTUS and ACOEM do not specifically address hot/cold compression units for the lumbar spine. ACOEM does recommend at-home application of cold packs the 1st few days of acute complaints. The ODG does not reference cold compression devices for the lumbar spine, but there entry can be found under the knee chapter. The ODG recommends these devices as an option after surgery but not for nonsurgical treatment. As such, the request is considered not medically necessary.