

Case Number:	CM14-0008863		
Date Assigned:	02/14/2014	Date of Injury:	08/26/2009
Decision Date:	06/24/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/23/2014

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 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 56-year-old female with date of injury of 08/26/2009. Per treating physician's report, 12/19/2013, the patient is 4½ months status post anterior/posterior fusion at L4-L5, continues to make slow but steady improvement, taking 5 Vicodin a day, and benefiting from therapy. The examination showed normal motor and sensory findings. Good overall alignment. X-ray showed bone graft to be consolidating nicely. Listed diagnoses are now 4½ status post anterior/posterior L4-L5 fusion for a degenerative spondylolisthesis, history of cervical fusion. Recommendation was Vicodin, 12 visits of physical therapy, and follow up in 6 weeks. Request for authorization report from 12/10/2013 is for "ice with cold comfort therapy with strap" and "electrical tub aid." Treater makes a specific request for these 2 units on 12/03/2013 report as well stating that "this cold compress provides her with adequate relief. It also decreases her intake of narcotic medication." He was also requesting tub aid due to the fact that the patient has difficulty getting into her bathtub to take a bath. Tub aid is an electrical tub seat that lifts the patient in and out of the bathtub. These requests were denied by Utilization Review letter dated 01/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

DURABLE MEDICAL EQUIPMENT ICE WITH COLD COMFORT THERAPY WITH STRAP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.odg-twc.com/odgtwc/shoulder.htm>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Regarding Durable Medical Equipment.

Decision rationale: This patient presents with chronic low back pain being status post lumbar fusion from 08/14/2013. The request is for "Ice It", a cold comfort therapy with strap for lumbar spine. The treating feels that this unit provides her with adequate relief and helps with decreased intake of narcotics. Regarding hot and cold treatments, ACOEM Guidelines states that at-home application is just as good. ODG Guidelines also states, "recommended as an option for acute pain. At-home local application of cold packs in the first few days of acute complaint, thereafter application of the heat packs or cold packs." Continuous flow cryotherapy following surgery is typically recommended, but this patient is already 5 to 6 months postoperative. Given the lack of support for cold medical equipment with the guidelines supporting at-home application of heat and cold, recommendation is for denial.

DURABLE MEDICAL EQUIPMENT ELECTRICAL TUB AID, LOWER BACK: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.odg-twc.com/odgtwc/shoulder.htm>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Regarding Durable Medical Equipment.

Decision rationale: This patient presents with chronic low back pain being status post lumbar fusion at L4-L5 for spondylolisthesis. The treating physician has asked for electrical tub aid indicating the patient has difficulty getting in and out of the tub and would like an automated chair that would lift the patient in and out of the tub. Review of the reports from 12/19/2013 shows that the patient has overall good alignment and "her motor and sensory examination is grossly within normal limits." It is not known why this patient needs an automated electrical tub to get in and out of bathtub when the patient has good motor and sensory examination that are within normal limits. The treating physician does not provide any documentation regarding mobility, transfer, or ambulation limitations and the patient is 5 months out from lumbar surgery. Durable medical equipment such as this may be medically appropriate. If the patient was unable to transfer on her own, but there is no indication by the progress report that this patient requires much assistance in terms of transfers or mobility. Recommendation is for denial.