

Case Number:	CM14-0105396		
Date Assigned:	09/16/2014	Date of Injury:	07/13/2012
Decision Date:	10/31/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/08/2014

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 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:

This is a 54-year-old gentleman who injured his low back while lifting pallets at work on 07/13/12. The medical records provided for review documented failed conservative treatment and the recommendation for an L5-S1 laminectomy and interbody fusion with cage placement was made. The surgical recommendation was authorized by Utilization Review to include postoperative use of a back brace and walker. This review is for a request for a cryotherapy device following the lumbar fusion on a seven day rental basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold Compression Unit daily rental x7 days -Purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-289. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Chapter: Cryotherapy/Cold/heat packs

Decision rationale: Based on the California ACOEM Guidelines and supported by the Official Disability Guidelines, the request for rental of a cold compression unit is not recommended as medically necessary. While the ACOEM Guidelines support the application of cold packs to

control pain and swelling in the acute setting, the Official Disability Guidelines do not recommend the use of cryotherapy units in the postoperative setting of the lumbar spine. While heat and cold therapy can be utilized for acute clinical complaints, the specific use of cryotherapy devices has not been supported in postoperative use for lumbar procedures. Therefore, this request is not medically necessary.