

Case Number:	CM14-0149645		
Date Assigned:	09/18/2014	Date of Injury:	01/20/1993
Decision Date:	11/17/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/14/2014

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 and is licensed to practice in Louisiana. 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 65 years old male who was injured on 01/20/1993 when he tripped and fell injuring his low back. Prior treatment history has included Pradaxa, Flomax, Lipitor, oxycontin, Vasotec, Lyrica, ibuprofen, and Diazepam; TENS unit which has been helpful. The patient underwent cervical and lumbar spine surgeries for his injury in 1994. He also underwent a cervical spine fusion in 1989, lumbar spine surgery in 1974, and hardware removal from 1994 laminectomy. Diagnostic studies were reviewed. Ortho consultation dated 08/15/2014 states the patient presented with complaints of neck pain that increases with repetitive twisting and turning of the neck. He also noted constant low back pain radiating into the buttocks and down the posterior thighs to his feet. He rated his pain as a 4/10 and it increases to 7/10 with prolonged walking or attempts at shopping. He reported difficulty with driving and sexual function. On exam, there is evidence of tenderness over the right greater than left sacroiliac joint. There is tenderness over the right greater than left sciatic notch. Range of motion of the lumbar spine revealed flexion at 6 degrees; extension at 6 degrees; left lateral bending at 10 degrees; and right lateral bending at 10 degrees. Straight leg raise is positive on the left at 80 degrees and negative on the right at 90 degrees. The patient is diagnosed with L2-3 and L3-4 moderately severe stenosis; L3-L4 grade 2 spondylolisthesis; neurogenic claudication; and status post L4-L5 laminectomy and fusion. The patient was recommended for a water circ cold pad with pump to be utilized after laminectomy at L1-2, posterior instrumentation and fusion at T10-L4 and an XLIF at L2-3 and L3-4. Prior utilization review dated 09/05/2014 states the request for Water Circ Cold Pad W Pump is established as medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Water Circ Cold Pad W Pump: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Continuous Flow Cryotherapy

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, cold/heat packs

Decision rationale: According to the Official Disability Guidelines, A cold pack therapy is recommended as an option for the first few days of acute complaint or after surgery. The normal recommendation of use is between 7-10 days. In this case, the supporting documentation indicated acute pain since 1993 however, the 30 days request exceeds the recommendation and modifications should be made there, this request is not medically necessary at this time.