

Case Number:	CM14-0169973		
Date Assigned:	10/20/2014	Date of Injury:	02/13/2013
Decision Date:	11/20/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/15/2014

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 Orthopedic Spine Surgeon and is licensed to practice in Texas. 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 injured worker is a 47-year-old male who reported a work related injury on 02/13/2013. The mechanism of injury was not provided for review. The injured worker's diagnoses consist of lumbar degenerative disc disease, thoracic disc herniation, lumbar stenosis, and status post previous anterior and posterior interbody fusion at L4-S1, status post previous lumbar laminectomy at L5-S1. The injured worker's past treatment consisted of surgical intervention, medication management, ice, and epidural steroid injections. Diagnostic studies consisted of an MRI, which revealed evidence of lateral disc herniation on the left side at L3-4 with neural compression extending out in the neural foramina, L4-5 lateral recess stenosis, and postoperative changes at L5-S1, and multilevel disc degenerative from L2-5. The injured worker's surgical history consists of laminectomy at L3-5, lateral recess to compression, and foraminotomy at L3-4, L4-5. In the clinical note dated 09/16/2014, the injured worker continued to complain of numbness to the upper legs, left greater than right. The injured worker's prescribed medications were noted to include Toradol, lorazepam, Prilosec, Flexeril, and naproxen. The treatment plan consisted of a post operative general ice machine for 3 weeks. The rationale for the request was not submitted for review. The Request for Authorization form was submitted for review on 09/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative Ice machine times three additional weeks, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The request for a post operative ice machine times three additional weeks, lumbar spine is not medically necessary. Official Disability Guidelines recommend continuous flow cryotherapy as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous flow cryotherapy therapy units have been proven to decrease pain, inflammation, swelling, and narcotic uses; however, the effect on more frequently treated acute injuries has not been evaluated. There is minimal evidence supporting the use of cold therapy, but heat therapy has been found to be helpful for pain reduction and return to normal function. However, the request for a post operative ice machine times three additional weeks, lumbar spine is not medically necessary.