

Case Number:	CM14-0184730		
Date Assigned:	11/12/2014	Date of Injury:	12/18/2013
Decision Date:	12/15/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/06/2014

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, has a subspecialty in Spine 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:

According to the records made available for review, this is a 51-year-old male with a 12/18/13 date of injury. At the time (10/13/14) of request for authorization for associated surgical services: post-operative cryotherapy x 12 visits and associated surgical services: TENS unit, there is documentation of subjective (moderate low back pain with radiation to the left hip and left leg, associated numbness and tingling) and objective (tenderness about the paralumbar musculature, and over the level of L5-S1 facets and right greater sciatic notch, muscle spasm, and positive straight leg raise bilaterally, decreased L3 and L4 sensation, muscle weakness L3, L4, L5 and S1) findings, current diagnoses (lumbar strain, lumbar spine radiculopathy, lumbar discopathy), and treatment to date (acupuncture, epidural steroid injections, physical therapy, and medications). Medical records identify a certification for an L4-5 and L5-S1 microdiscectomy and hemilaminotomy, foraminotomy, and decompression. Regarding the requested associated surgical services: TENS unit, there is no documentation of a time-limited treatment plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical services: post-operative cryotherapy x 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Cold/Heat Packs and Other Medical Treatment Guideline or Medical Evidence: PMID: 18214217 PubMed - indexed for Medline

Decision rationale: MTUS reference to ACOEM guidelines identifies at-home applications of local heat or cold to the low back as an optional clinical measure for evaluation and management of low back complaints. ODG identifies that there is minimal evidence supporting the use of cold therapy. Medical Treatment Guideline identifies that exact recommendations on application, for postoperative cold therapy utilization following lumbar spine surgery, on time and temperature cannot be given. Therefore, based on guidelines and a review of the evidence, the request for associated surgical services post-operative cryotherapy x 12 visits is not medically necessary.

Associated surgical services: TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Post-Operative Pain (transcutaneous electrical nerve stimulation) Page(s): 116-117.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies TENS unit as an option for acute post-operative pain in the first 30 days post-surgery, most effective for mild to moderate thoracotomy pain, and of lesser effect, or not at all, for other surgical procedure. Within the medical information available for review, there is documentation of diagnoses of lumbar strain, lumbar spine radiculopathy, and lumbar discopathy. In addition, there is documentation of a pending surgery. However, there is no documentation of a time-limited treatment plan. Therefore, based on guidelines and a review of the evidence, the request for associated surgical services: TENS unit is not medically necessary.