

Case Number:	CM14-0033543		
Date Assigned:	06/20/2014	Date of Injury:	06/02/2004
Decision Date:	07/31/2014	UR Denial Date:	02/22/2014
Priority:	Standard	Application Received:	03/17/2014

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 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:

The patient is 59 year old male who was injured on 06/02/2004. The mechanism of injury is unknown. Prior medication history included hydrocodone and hydromorphone. Diagnostic studies reviewed include x-ray of the lumbar spine dated 12/24/2013 revealed multi-level degenerative disk disease, L1-L2 and L2-3 levels. The AME Ortho note dated 12/24/2013 indicates the patient complained of pain in the lumbar back radiating down into bilateral legs with numbness and tingling. He also complained of pain in the bilateral testes. He is noted to have a history of diabetes. Objective findings on exam revealed tenderness over the lumbar spine at the midline and paravertebral muscles bilaterally. There is tenderness in the siatic notch areas bilaterally. Lumbar spine range of motion exhibits flexion to 12; extension 10; right lateral bending 8 and left lateral bending 10. Straight leg raise is positive bilaterally for back pain. He has positive Lasegue's test bilaterally and motor power was normal. Diagnoses are lumbar spine sprain/strain; multi-level degenerative disk disease, lumbar spine, obesity, hypertension, and diabetes. He has been recommended for spinal cord stimulator implantation or surgery. A prior utilization review dated 02/22/2014 states the request for durable medical equipment cold unit therapy is not certified as the use of cold therapy is an acceptable post surgical modality for a period of up to 10 days. Since fusion is not medically necessary, this DME is not necessary as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME Cold Therapy unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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: The guidelines indicate that cold pack is recommended as an option for acute pain. At-home local applications of cold packs in first few days of acute complaint; thereafter, applications of heat packs or cold packs. For this purpose, cold packs can be used instead of cold therapy unit. In addition, prior utilization review dated 02/22/2014 states the request for durable medical equipment cold unit therapy is not certified as the use of cold therapy is an acceptable post surgical modality for a period of up to 10 days. Since fusion is not medically necessary, this DME is not necessary as well. I agree with this rationale. The medical necessity of this request is not established.