

Case Number:	CM14-0047679		
Date Assigned:	07/02/2014	Date of Injury:	09/21/2004
Decision Date:	10/07/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/15/2014

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 Pain Management 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 injured worker is a 50-year-old female who sustained an injury on 09/21/04. She is diagnosed with lumbar post-laminectomy syndrome. She underwent L5-S1 fusion on 6/27/07, revision surgery on 11/03/08, and lumbar fusion on 1/13/12. As per 4/4/14 report, she had increased low back pain radiating down to her right posterior thigh and it was aggravated when she attempted to straighten or extend her lower back. Pain was 6/10. Exam of post lumbar musculature revealed tenderness to palpation bilaterally with increased muscle rigidity, numerous trigger points and palpable tenderness throughout the lumbar paraspinal muscles. Facet loading produced pain along the lower lumbar spine bilaterally. Straight leg raising testing at modified sitting position was positive bilaterally about 60 degrees which causes axial back pain. A magnetic resonance imaging scan of the lumbar spine from 3/31/10 revealed previous laminectomy discectomy and fusion at the L5-S1. There was evidence of previous discectomy at L4-5 with intradiscal prosthetic spacer effusion right facet joint at L3-4 with inflammation. Her diagnoses were status post total disc replacement at L5-S1; removal of disc replacement with fusion at L4-5 and L5-S1; extension of fusion to L3-4; and reactionary depression/anxiety. She is on Norco, Anaprox, Fexmid and Prilosec. She had 9 sessions of physiotherapy. She had lumbar facet rhizotomy on 8/18/11 and also received 4 trigger point injections. She has responded well to a motorized hot/cold therma-cooler system in the past, but her unit is broken. She received it about two or three years ago; also she reports that intermittent heat packs have been beneficial in the past, but would like the treatment to be more continuous. The request for six week rental of a ThermaCooler hot, cold and compression system with pad/wrap was denied on 03/19/14 due to lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six week rental of a ThermaCooler hot, cold and compression system with pad/wrap:

Upheld

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

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

Decision rationale: The Official Disability Guidelines recommend continuous flow cryotherapy as an option after surgery, but not for nonsurgical treatment. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries (eg, muscle strains and contusions) has not been fully evaluated. The available scientific literature is insufficient to document that the use of continuous-flow cooling systems (versus ice packs) is associated with a benefit beyond convenience and injured worker compliance. In this case, the surgery is over two years old. Per guidelines, the requested device is not recommended for non-surgical use. Therefore, the medical necessity has not been established.