MAXIMUS Federal Services

Case Number:	CM14-0057675		
Date Assigned:	07/09/2014	Date of Injury:	02/06/2003
Decision Date:	08/08/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/28/2014

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 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 58 year old female who sustained injuries to her low back on 02/06/03 as a result of slip and fall while exiting a bus. The injured worker exhausted conservative management and was taken to surgery and underwent L4-5 fusion in 03/07. She had reports of continued low back pain radiating into the lower extremities. Repeat imaging studies noted the presence of disc herniation at L3-4. The injured worker was subsequently returned to surgery on 03/27/14 at which time she underwent laminectomy and discectomy at L3-4. A request was placed for a Cothera with cold compression rental for 30 days. A utilization review determination dated 04/08/14 non-certified this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cothera with cold compression, rental for 30 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Blue Cross/Blue Shield Medical Policy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) and the Blue Cross/Blue Shield Medical Policy.

Decision rationale: The medical records provided for review indicate the injured worker underwent a laminectomy and discectomy at L3-4 on 03/27/14. Per the Official Disability Guidelines, cryotherapy for the low back may consist of self-applied hot and cold packs. There is no evidence establishing that a pneumatic cryotherapy unit provides any benefit in the immediate post-operative period for spinal surgeries. There are no substantive peer reviewed studies establishing that the use of pneumatic cryotherapy reduces the need for oral pain medications or results in significant functional improvements. As such, the request is not medically necessary and appropriate.