

Case Number:	CM14-0069372		
Date Assigned:	07/14/2014	Date of Injury:	06/02/2010
Decision Date:	08/26/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/14/2014

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 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 41-year-old female whose date of injury is 06/02/2010. The injured worker went through a dip in the road while driving a school bus and when the seat bounced, she heard a pop in the low back area. The injured worker was authorized to undergo anterior L4 to L5, L5 to S1 lumbar interbody fusion with instrumentation with inpatient stay, lumbar brace, bone growth stimulator and seven-day rental of hot/cold therapy unit from 04/14/14 to 05/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Hot/Cold Therapy Unit and Wrap: 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 Chapter, Cold/heat packs.

Decision rationale: Based on the clinical information provided, the request for purchase of hot and cold therapy unit and wrap is not recommended as medically necessary. The injured worker was previously authorized for anterior lumbar interbody fusion with seven-day rental of hot/cold therapy unit. There is no clear rationale provided to support purchase of the unit with wrap.

There is no support for cryotherapy unit in the Official Disability Guidelines (ODG) low back chapter. Therefore, the request is not in accordance with the ODG, and medical necessity is not established.