

Case Number:	CM14-0138400		
Date Assigned:	09/08/2014	Date of Injury:	08/19/2008
Decision Date:	01/31/2015	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	08/26/2014

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 Rehab 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:

This patient sustained an injury on 8/19/08 while employed by [REDACTED]. Request(s) under consideration include Cold Pack. Diagnoses include lumbar spine sprain/strain; left lower extremity radiculopathy secondary to disc herniation. Conservative care has included medications, therapy, and modified activities/rest. The patient has been deemed Permanent & Stationary. Report of 7/31/14 from the provider noted the patient with flare-up of lumbar spine symptoms; pain at baseline at 2/10 and 5-8/10 during flare-up. The patient has not been working. Exam showed unchanged findings of mildly distressed; difficulty rising from sitting; stiffness; limited range of flex/ext of 20/10 degrees, tenderness and spasm of lumbosacral spine; motor strength 4+/5 in bilateral lower extremities with positive SLR. The patient continues to take medications as prescribed, but was not helpful. Medications list Norco, Lidoderm 5%, and Naproxen. It was noted the patient attended chiropractic treatment of at least 12 sessions, physical therapy, and acupuncture. The request(s) for Cold Pack was non-certified on 8/18/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold pack: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Cold/Heat packs

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 162. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: Regarding cold therapy, guidelines state it is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. The request for authorization does not provide supporting documentation for purchase of cold pack beyond the guidelines criteria. There is no documentation that establishes medical necessity or that what is requested is medically reasonable outside recommendations of the guidelines. The request for a cold therapy does not meet the requirements for medical necessity. There is no documented recent surgical procedure to support its use. ODG Guidelines specifically addresses the short-term benefit of cryotherapy post-surgery limited to 7-day post-op as efficacy has not been proven after; however, has no recommendation for non-operative use. Therefore, the request for a cold pack is not medically necessary and appropriate.