

Case Number:	CM14-0178663		
Date Assigned:	11/03/2014	Date of Injury:	11/09/1999
Decision Date:	01/31/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	10/28/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 a 51 year old female with date of injury 11/9/1999. The mechanism of injury is not stated in the available medical record. The patient has complained of low back pain since the date of injury. She has been treated with lower back surgeries (decompression and posterior fusion of L4-5, L5-S1 in 2007 and revision arthrodesis with hardware removal in 2014). She has also been treated with physical therapy and medications. Objective: decreased and painful range of motion of the lumbar spine, antalgic gait. Diagnoses: lumbosacral neuritis, lumbar disc displacement, status post lumbar spine surgery. Treatment plan and request: 1 lumbar cold therapy unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Lumbar Cold Therapy Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Continuous flow cryotherapy devices

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints Page(s): 300.

Decision rationale: Per the MTUS citation listed above, 1 lumbar cold therapy unit is not recommended in the treatment of back pain. On the basis of this MTUS guideline, one lumbar cold therapy unit is not indicated as medically necessary.