

Case Number:	CM14-0189666		
Date Assigned:	11/20/2014	Date of Injury:	04/22/2013
Decision Date:	01/08/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/13/2014

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 Surgeon and is licensed to practice in Georgia and South Carolina. 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 52-year-old female with a reported date of injury on 04/22/2013. The mechanism of injury was cumulative trauma. Her relevant diagnoses were cervical discopathy/cervicalgia, carpal tunnel/double crush syndrome, lumbar segmental instability and rule out internal derangement of the right hip. Her past treatments included medications, physical therapy, injections, and chiropractic treatments. On 09/08/2014, it was noted the injured worker complained of persistent pain in her lumbar spine rated 9/10 and described as sharp and stabbing with radiation into the lower extremities with weakness in her legs. She stated it was aggravated by bending, lifting, pushing, pulling, and forward reaching. Physical examination of the cervical spine revealed palpable paravertebral muscle tenderness with spasms and range of motion was limited due to pain. Inspection of the lumbar spine showed muscle tenderness with spasms over the paravertebral muscles and range of motion was guarded and restricted. The right hip examination revealed tenderness on internal and external rotation, range of motion was painful with no apparent swelling and normal strength. No medications were listed. The physician requested surgery to L4 to S1 posterior lumbar interbody fusion (PLIF) with instrumentation and an attempt at reduction of listhesis as well as realignment of junctional kyphotic deformity back to lordosis and surgery was certified on 10/17/2014. The request was for an ice unit and no rationale was provided. The prior request for an ice unit was certified on 10/17/2014 as a 7 day rental. The Request for Authorization form dated 10/07/2014 was included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ice unit: 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) Low back- Cold/heat packs

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-flow cryotherapy.

Decision rationale: The request for the ice unit is not medically necessary. The injured worker complained of low back pain and an L4 to S1 posterior lumbar interbody fusion was previously approved. The Official Disability Guidelines note continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. It was noted within the documentation that L4 to S1 posterior lumbar interbody fusion was previously approved on 10/17/2014. There is a lack of documentation indicating whether the surgery has already been performed or it is scheduled in the future. The request does not indicate whether the unit is being requested as a purchase or a rental. The request does not indicate how many days the unit rental is being requested for. Therefore, the request for the ice unit is not medically necessary.