

Case Number:	CM14-0191325		
Date Assigned:	11/25/2014	Date of Injury:	08/29/2014
Decision Date:	01/09/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/17/2014

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 and Rehabilitation 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 is a 51 year old male with a work related injury dated August 29, 2014. The mechanism of the injury was described as a car accident in which the worker's vehicle was rear ended by another vehicle. At the physician's visit dated October 16, 2014, the worker was complaining of neck, middle and lower back pain and headache. The physical examination revealed decreased range of motion by 20-50 percent. The physician documented right sided weakness in the upper and lower extremities with pain, tenderness, and spasms in the paraspinal area of the cervical and lumbar spine. At this visit the documented diagnoses included cervicgia, thoracic pain, myalgia, spondylitis, altered curved and schmorl's node. Treatment given at this visit included osseous adjustment, intersegment traction, electrical stimulation and cryotherapy two times per week for three weeks. Per the utilization review documentation dated October 29, 2014, the request for six visits of cryotherapy twice per week for three weeks for the lumbar, cervical and thoracic spine was non-certified. The rationale for non-covered services that was given reflected that the worker had an x-ray of the anterior, posterior-lateral views for the cervical and lumbar spine but there were no results to review. The worker had already received osseous adjustment, intersegment traction, electrical stimulation and cryotherapy. There was no documentation of the worker's response to therapy that had been received. Based on the documentation that was reviewed the requested cryotherapy treatments were not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cryotherapy twice a week for three weeks for the lumbar, cervical, and thoracic spine:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (updated 8/22/14), Cold/heat packs; and the Official Disability Guidelines Neck & Upper Back (updated 8/4/14), Cold packs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The patient presents with pain affecting their neck, mid and low back, and headaches. The current request is for Cryotherapy twice a week for three weeks for the lumbar, cervical, and thoracic spine. In the treating chiropractor's report dated 10/16/14 he states, "Osseous adjustment, intersegment traction, electrical stimulation, cryotherapy two times per week for three weeks. This request is for specific types of treatments to be performed in a chiropractic setting. The MTUS does not specifically address Cryotherapy as this type of therapy falls under physical medicine. The MTUS guidelines state that physical medicine for myalgia and neuritis type conditions are recommended at 8-10 visits. The current request is supported as there is no documentation of any physical medicine treatments performed for this acute injury. The request is medically necessary.