

Case Number:	CM14-0194692		
Date Assigned:	12/02/2014	Date of Injury:	07/27/1987
Decision Date:	01/15/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/20/2014

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 53-year-old male who reported an injury on 07/27/1987; the mechanism of injury was not provided. On 08/18/2014, the injured worker presented with low back pain that radiates down the bilateral lower extremities. Pain is aggravated by activity, prolonged sitting, standing, and walking. The injured worker has complaints of frequent muscle spasm to the low back. Examination of the low spine revealed tenderness to palpation with spasm in the spinal vertebral area from L4-S1. There was decreased range of motion in the lumbar spine moderately limited secondary to pain. There was decreased sensation to light touch along the L4-5 dermatome to the right lower extremity. Motor examination revealed decreased strength in the right lower extremity at the dermatomal levels of L4-5. There was a positive right sided straight leg raise. Diagnoses were lumbar radiculitis, hypotestosteronemia, and status post lumbar spine microdiscectomy. The provider recommended a cold therapy with DVT unit [REDACTED]; there was no rationale provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold Therapy with DVT 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), Knee & Leg (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Cold/Heat Packs

Decision rationale: The request for Cold Therapy with DVT Unit is not medically necessary. The California MTUS/ACOEM Guidelines state comfort is often an injured worker's "first concern." Nonprescription analgesics will provide sufficient pain relief for most injured workers with acute and subacute symptoms. If treatment response is inadequate, prescribed pharmaceuticals or physical methods can be added. At home, local applications of cold in the first few days of acute complaint are recommended. The Official Disability Guidelines recommend cold therapy as an option for acute pain. The evidence for the application of cold treatment to low back pain is more limited than heat therapy. There is minimal evidence supporting the use of cold therapy, but heat therapy has been found to be helpful for pain reduction and return to normal function. As the guidelines state that more information is needed to support the use of cold therapy, a cold therapy with DVT unit would not be indicated. Additionally, the provider's request for 1 cold therapy with DVT unit does not indicate the site at which the cold therapy unit was indicated for in the request as submitted. No information on if the cold therapy unit was intended for rental or purchase. As such, medical necessity has not been established; therefore, the request is not medically necessary.