

Case Number:	CM14-0200376		
Date Assigned:	12/10/2014	Date of Injury:	08/09/2002
Decision Date:	01/28/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/01/2014

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, has a subspecialty in Interventional Spine 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:

The patient is a 63 year old female with an injury date of 08/09/02. The 10/21/14 report states that the patient presents with waxing and waning lower back pain with lower extremity radicular pain. Highest pain without medications is 8-9/10 and pain is 3-4/10 with. The patient is retired. Examination reveals restricted range of motion due to pain. Motor and sensory examination of the lower extremities show numbness in the anterolateral right foreleg and right lateral foot and the dorsum of the foot. The patient's diagnoses include: 1. History of multilevel lumbar laminectomy and fusion with persistent footdrop, right lower extremity 2. Surgical candidate per [REDACTED] awaiting medical legal decision. 3. Failed laminectomy and discectomy at L4-L5 (05/06/14 report) 4. Chronic lower back pain, lumbar radiculopathy with physiological narcotic tolerance (05/06/14 report) The utilization review shows the request for Anterior L4-5 lumbar interbody fusion with instrumentation is certified. The treating physician states injury to the right knee is "virtually" healed and the patient no longer wears her knee brace. Medications are noted to be continued but are not listed on 10/21/14. Medications as of 07/22/14 are listed as: Percocet, Norco, Cymbalta, Ambien and Valium. The utilization review being challenged is dated 11/24/14. The rationale is that therapy can be accomplished with over the counter methods. Progress reports are provided from 03/11/14 to 10/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot/Cold Therapy Unit with wrap purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Low Back

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Cryotherapy, hot/cold packs; Knee chapter, Continuous-flow cryotherapy

Decision rationale: The patient presents with lower back pain of varying intensity with lower extremity radicular pain. MTUS is silent on hot/cold therapy units. ODG, Low Back Chapter, Cryotherapy, does discuss the use of cold/heat packs and does recommend treatment as an option for acute pain; however, it does not discuss hot/cold therapy unit. ODG, Knee & Shoulder Chapter, states continuous flow cryotherapy for post-operative use may be up to 7 days including home use. The reports indicate that anterior L4-5 lumbar interbody fusion is planned for this patient. ODG Low Back Chapter states hot/cold heat packs are recommended for acute pain. ODG also shows that Hot/Cold therapy units are recommended for post-operative use up to 7 days for the Knee and Shoulder; however, the Low Back chapter is silent on this treatment. In this case, the treating physician does not discuss this request in the reports provided. The type of unit and extent of use is not clear. The request for purchase indicates longer than short term use. Lacking relevant information and recommendation for the request per guidelines, the request is not medically necessary.