

Case Number:	CM14-0206516		
Date Assigned:	02/03/2015	Date of Injury:	06/20/2011
Decision Date:	03/03/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/09/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

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 34 year old male who suffered an unknown work related injury on 06/20/11. Per the physician notes from 10/29/14 He is status post lumbar epidural steroid injection at L5-S1 on 09/30/14 and status post right shoulder surgery on 05/16/14. He continues to complain of lower back pain with no decrease since the epidural. He does note that some of the tension in the back of his thighs has eased, but he still notes extreme lower back pain when standing or walking. Radicular symptoms on the right extend to his knee, whereas before the injection they went to his feet. Tension in his anterior thighs and groin is worsened with activity, and is improved with aqua exercise and rest. He notes significant benefit from the use of an ice machine for his lower back. He continues with a home exercise program, and is going to the gym 3-4 times per week, which does help his pain and his depression. Medication regimen includes Nucynta, Topamaz, Senokot, Protonix, Flexeril, Glucosamine, Venlafaxine Hcl Er, and multivitamins. With his medications the pain is noted to be decreased 40%. The recommended treatments are physical therapy for the right shoulder, surgical consultation, cognitive behavioral therapy and biofeedback, a, continued medications, and the purchase of an ice machine. The ice machine was denied by the Claims Administrator on 11/25/14 and was subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ice machine for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-310.

Decision rationale: Eligible - IMR app was filed based on UR appeal dated 11/25/2014, received by IMRO on 12/09/2014, and the initial UR is dated 11/11/2014 (within 35 days mailing service) making it timely filed. This injured worker has chronic pain with an injury sustained in 2011. Per the guidelines, passive modalities such as application of heat and cold may be used for temporary amelioration of symptoms and to facilitate mobilization and graded exercise. In this case, there is no documentation of inflammation and the worker is able to complete a home exercise program and attend a gym several times per week. Also, it is not clear why the application of ice packs or hand filled ice trays cannot be used instead of an ice machine. The medical necessity for an ice machine is not substantiated in the records.