MAXIMUS Federal Services

Case Number:	CM14-0207216		
Date Assigned:	02/03/2015	Date of Injury:	02/27/2012
Decision Date:	03/26/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/10/2014

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58 year old male, who sustained an industrial injury on 02/27/2012. On provider visit dated 10/07/2014 the injured worker has reported low back pain with numbness and left leg weakness. On physical examination he was noted to have tenderness and spasm in the left paralumbar area. Treatment to date has included epidural injections, L3-L4 bilateral hemilaminotomy and L4-5 hemilaminotomy and L3-4 bilateral laminectomy L4-5 bilateral laminectomy, lumbar radiculopathy with L1-L2 and L2-L3 lumbar stenosis superimposed on degenerative joint disease and medications. On 12/02/2014 Utilization Review non-certified hot and cold therapy unit with wrap and 3 days on patient. The CA MTUS, ACOEM and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Purchase for a Hot and Cold therapy unit with wrap: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, Cold/heat packs

Decision rationale: The 58 year old patient complains of severe low back pain along with numbness and weakness down his left leg, as per progress report dated 10/07/14. The request is for 1 PURCHASE OF HOT AND COLD THERAPY UNIT WITH WRAP. There is no RFA for this case, and the patient's date of injury is 02/27/12. The patient is status post L3-4 bilateral hemilaminectomy and L4-5 hemilaminectomy on 08/14/03, and status post L3-4 and L4-5 bilateral laminectomy and bilateral posterolateral arthrodesis with autologous bone graft on 02/25/14, as per progress report dated 10/07/14. The patient has been diagnosed with lumbar radiculopathy with L1-2 and L2-3 lumbar stenosis superimposed on degenerative joint disease. Medications include Voltaren, Flexeril, Neurontin, Ultram and Protonix. The patient has been allowed to work with restrictions, as per progress report dared 10/07/14.ODG guidelines, chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Cold/heat packs', states that the units are "Recommended as an option for acute pain. At-home local applications of cold packs in first few days of acute complaint; thereafter, applications of heat packs or cold packs."In this case, the patient suffers from chronic low back pain and remains symptomatic in spite of two surgeries and conservative care. As per progress report dated 10/07/14, he was recommended "L3-4 disc surgery for a large left L3-4 extruded herniation with severe stenosis" by [redacted]. As per progress report dated 01/13/15 after the UR date, the patient is pending pre-op clearance for this procedure. The progress reports do not specify the need for hot and cold therapy unit. However, given the impending surgery, the use of this unit for acute pain during the first few days is appropriate and is supported by ODG guidelines. Nonetheless, the treater's request for a purchase is excessive as hot and cold therapy has not been recommended for long- term use. Hence, this request IS NOT medically necessary.

3 Days in patient stay: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, Hospital length of stay (LOS)

Decision rationale: The 58 year old patient complains of severe low back pain along with numbness and weakness down his left leg, as per progress report dated 10/07/14. The request is for 3 DAYS IN PATIENT STAY. There is no RFA for this case, and the patient's date of injury is 02/27/12. The patient is status post L3-4 bilateral hemilaminectomy and L4-5 hemilaminectomy on 08/14/03, and status post L3-4 and L4-5 bilateral laminectomy and bilateral posterolateral arthrodesis with autologous bone graft on 02/25/14, as per progress report dated 10/07/14. The patient has been diagnosed with lumbar radiculopathy with L1-2 and L2-3 lumbar stenosis superimposed on degenerative joint disease. Medications include Voltaren, Flexeril, Neurontin, Ultram and Protonix. The patient has been allowed to work with restrictions, as per progress report dared 10/07/14.ODG guidelines, chapter 'Low Back - Lumbar & Thoracic (Acute

& Chronic)' and topic 'Hospital length of stay (LOS)', recommend 2 days of stay for patients undergoing laminectomy. In this case, the patient suffers from chronic low back pain and remains symptomatic in spite of two surgeries and conservative care. As per progress report dated 10/07/14, he was recommended "L3-4 disc surgery for a large left L3-4 extruded herniation with severe stenosis" by [redacted] As per progress report dated 01/13/15 after the UR date, the patient is pending pre-op clearance for this procedure. Although the progress reports do not discuss hospital stay, this appears to be a prospective request related to the impending surgery. ODG guidelines, however, allow only 2 days of hospital stay for patients undergoing laminectomy. Hence, the treater's request for 3 days appears excessive and IS NOT medically necessary.