

Case Number:	CM14-0091319		
Date Assigned:	07/25/2014	Date of Injury:	12/04/2012
Decision Date:	01/02/2015	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/17/2014

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 Family Medicine, and is licensed to practice in Ohio. 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 49 year old male with a date of injury of 12-4-2012. He had been having low back pain radiating to the right lower extremity with associated numbness. Diagnostic studies showed moderate to severe discopathy at L4-L5 and L5-S1 with associated facet arthropathy and neural foraminal stenosis. He has failed conservative therapy with medication and physical therapy and is being considered for a 2 level fusion surgery. The request is for an iceless cold therapy unit with DVT and lumbar wrap for 14 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Iceless Cold Therapy Unit with DVT: Upheld

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

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, Continuous cold therapy (CCT)

Decision rationale: Continuous cold therapy is recommended as an option only in the postoperative setting, with regular assessment to avoid frostbite. Postoperative use generally should be no more than 7 days, including home use. A prospective randomized study was

performed comparing the efficacy of a temperature-controlled cooling blanket (CCT) or a standard ice pack in the postoperative treatment of 72 patients with carpal tunnel syndrome. Patients who used CCT showed significantly greater reduction in pain, edema (wrist circumference), and narcotic use postop than did those using ice therapy. Complications related to cryotherapy, including frostbite, are rare but can be devastating. In this instance, the request the iceless cold therapy unit is not stated but presumed to be 14 days. Because the guidelines allow for 7 days only, Iceless Cold Therapy Unit with DVT is not medically necessary.

Lumbar Wrap x 14 days: 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)

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, Continuous cold therapy (CCT)

Decision rationale: Continuous cold therapy is recommended as an option only in the postoperative setting, with regular assessment to avoid frostbite. Postoperative use generally should be no more than 7 days, including home use. A prospective randomized study was performed comparing the efficacy of a temperature-controlled cooling blanket (CCT) or a standard ice pack in the postoperative treatment of 72 patients with carpal tunnel syndrome. Patients who used CCT showed significantly greater reduction in pain, edema (wrist circumference), and narcotic use postop than did those using ice therapy. Complications related to cryotherapy, including frostbite, are rare but can be devastating. In this instance, the request for lumbar wraps for 14 days is presumed to be in conjunction with the requested iceless cold therapy unit. Because the cited guidelines allow for continuous cold therapy up to 7 days postoperatively, a lumbar wrap for 14 days is not medically necessary.