

Case Number:	CM15-0000466		
Date Assigned:	01/12/2015	Date of Injury:	12/12/2002
Decision Date:	03/17/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/02/2015

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: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

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 59 year old male, who sustained an industrial injury on December 12, 2002. He has reported low back and neck pain. The diagnoses have included cervical and lumbar stenosis, cervicgia, anxiety disorder, insomnia, depression, lumbar failed back surgery and displacement of cervical disc. Treatment to date has included cervical and lumbar magnetic resonance imaging (MRI), lumbar spinal decompression and fusion, removal of lumbar hardware, epidural steroid injection and oral medication. Currently, the IW complains of right hand weakness, neck pain radiating to right arm, loss of grip strength and decreased reflexes in upper extremities. Utilization review has approved cervical discectomy fusion and related pre op testing and post op home care. On December 29, 2014 Utilization Review non-certified a request for water circulating cold pad pump noting the Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG). On December 30, 2014, the injured worker submitted an application for IMR for review of water circulating cold pad pump.

IMR ISSUES, DECISIONS AND RATIONALES

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

Water Circulating Cold Pad Pump: 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), Neck Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Section: Neck, Topic: Continuous flow cryotherapy

Decision rationale: According to ODG guidelines Continuous-flow Cryotherapy is not recommended in the neck. It is recommended as an option after shoulder surgery but not for nonsurgical treatment. Cold packs are recommended. Based upon these guidelines, the request for postoperative water circulating cold pad pump is not supported and the medical necessity of the request is not substantiated.