

Case Number:	CM15-0102756		
Date Assigned:	06/05/2015	Date of Injury:	12/31/1996
Decision Date:	07/09/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/28/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 60 year old female, who sustained an industrial injury on 12/31/1996. The current diagnoses are cervical/lumbar intervertebral disc degeneration, degeneration of the left knee meniscus (ligament), and bilateral plantar fasciitis. According to the progress report dated 4/27/2015, the injured worker complains of pain in the neck, upper back, lower back, and left knee. Additionally, she reports headaches. The neck pain and headaches are rated 9/10 on a subjective pain scale. The lower back is described as a 6-8/10, depending on the activity. The physical examination of the neck reveals hypertonicity of the cervical paravertebral muscles, upper trapezius, and middle trapezius, range of motion is significantly restricted, and foraminal compression was positive. Examination of the low back reveals hypertonicity of the lumbar and gluteal musculature, left worse than right, restricted range of motion, and positive Nachlas and pelvic compression test bilaterally. The examination of the left knee reveals limited and painful range of motion. Apley's and medial ACL challenge is positive. The current medications are Norco, Tizanidine, and Colace. Treatment to date has included medication management, MRI studies, computed tomography scan, ice pack, chiropractic, acupuncture, medical branch block, and left radiofrequency procedure. The plan of care includes ice pack.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ice pack (between 4/27/15 and 7/6/15): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 161, 300, Chronic Pain Treatment Guidelines Cold therapy. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic) - Cold/heat packs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48.

Decision rationale: The MTUS Guidelines support the use of cold therapy only during the earliest phase of treatment and not for longer than two weeks. The goal is temporary pain relief in order to allow for progressive exercise and activity. The submitted and reviewed records indicated the worker was experiencing pain in the neck and upper back that went into the left shoulder and shoulder blade region, lower back pain that went into the left leg, knees, shoulder, and head. There was no recent documentation describing a situation that is supported by the Guidelines or special circumstances that supported this request. In the absence of such evidence, the current request for ice pack therapy between 04/27/2015 and 07/06/2015 is not medically necessary.