

Case Number:	CM15-0103830		
Date Assigned:	06/08/2015	Date of Injury:	10/08/2013
Decision Date:	07/15/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	05/29/2015

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: Illinois, California, Texas
 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 39-year-old male who sustained an industrial injury on 10/8/13, relative to cumulative trauma. The 5/21/15 treating physician report cited radicular low back pain into both legs. Lumbar exam documented paralumbar tenderness, difficulty with toe raise, inability to heel walk, global bilateral lower extremity weakness, decreased sensation plantar surface both feet and dorsal aspect right foot, and positive straight leg raise. Electrodiagnostic testing demonstrated right L5 and 1 radiculopathy. Imaging showed significant neuroforaminal encroachment with spinal stenosis involving the L4/5 and L5/S1 levels. The diagnosis included lumbar radiculopathy, moderately severe involving L5 and S1. Authorization was requested for L4/5 and L5/S1 anterior lumbar interbody fusion with instrumentation and posterior lumbar L4/5 and L5/S1 laminectomy/laminotomy and related services including a hot/cold therapy unit with wrap. The 5/22/15 utilization review certified the request for L4/5 and L5/S1 anterior lumbar interbody fusion with instrumentation and posterior lumbar L4/5 and L5/S1 laminectomy/laminotomy along with post-operative surgical requests for vascular co-surgeon, pre-operative medical clearance, lumbar brace, bone growth stimulator, and 3-4 day inpatient stay. The request for purchase of a hot/cold therapy unit with wrap as there was no evidence that a self-applied ice pack was not as efficacious as a cold therapy device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot/Cold Therapy Unit with Wrap: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, Chapter 12 Low Back Disorders (Revised 2007), Hot and cold therapies, page(s) 160-161.

Decision rationale: The California MTUS are silent regarding hot/cold therapy devices, but recommend at home applications of hot or cold packs. The ACOEM Revised Low Back Disorder Guidelines state that the routine use of high-tech devices for hot or cold therapy is not recommended in the treatment of lower back pain. Guidelines support the use of hot or cold packs for patients with low back complaints. Guideline criteria have not been met. There is no compelling reason submitted to support the medical necessity of a hot/cold therapy unit in the absence of guideline support. Therefore, this request is not medically necessary.