MAXIMUS Federal Services

Case Number:	CM15-0104271		
Date Assigned:	07/27/2015	Date of Injury:	02/10/2004
Decision Date:	08/21/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	06/01/2015

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

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 31-year-old male who sustained an industrial injury to his lower back on 02/10/2004 when he lifted a heavy trash can off the ground. The injured worker was diagnosed with lumbar radiculopathy and lumbar discogenic pain. Treatment to date has included diagnostic testing, physical therapy, transcutaneous electrical nerve stimulation (TEN's) unit and medications. According to the primary treating physician's progress report on the injured worker continues to experience low back pain radiating to the left lower extremity with numbness and paresthesias. The injured worker presents for pain management follow-up and currently has no medications for relief. Examination of the lumbar spine demonstrated decreased range of motion with spasm and tenderness to palpation in the left lower paraspinal muscles. Positive sciatic notch tenderness on the left was noted. Straight leg raise was positive on the left side. Sensation was documented to be decreased in the left L5 dermatome otherwise intact with motor strength and deep tendon reflexes within normal limits. Current medication is documented as Norco 10/325mg. Treatment plan consists of left transforaminal lumbar epidural steroid injection and the current request for a motorized cold therapy unit to be used post injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motorized cold therapy unit: 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): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Cold/Heat Packs.

Decision rationale: Regarding the request for a cold therapy unit, California MTUS and ODG do not specifically address the issue for the low back, although ODG supports cold therapy units for up to 7 days after surgery for some other body parts. For the back, CA MTUS/ACOEM and ODG recommend the use of cold packs for acute complaints. Within the documentation available for review, there is no documentation of a rationale for the use of a formal cold therapy unit rather than the application of simple cold packs at home during the initial post-procedure period. In the absence of such documentation, the currently requested cold therapy unit is not medically necessary.