

Case Number:	CM15-0014286		
Date Assigned:	02/02/2015	Date of Injury:	12/21/2006
Decision Date:	04/01/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/26/2015

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: Orthopedic Surgery, Sports 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 40-year-old female who reported injury on 12/21/2006. The documentation of 12/03/2014 revealed the injured worker was experiencing a flare up in her low back condition since 1 week ago. The mechanism of injury was not provided. The injured worker indicated the pain in the low back had progressively worsened since the evaluation. The injured worker had pain in the neck, which radiated through the right shoulder to the right hand with associated numbness and tingling. The objective findings revealed the injured worker had difficulty sitting still in her seat. The physical examination of the cervical spine revealed tenderness to palpation in the paravertebral musculature with associated myospasms. The injured worker had restriction in range of motion. The physical examination of the lumbar spine revealed tenderness to palpation in the lumbosacral region, extending to the bilateral buttocks. There was spastic activity in the bilateral paravertebral musculature. The injured worker had restricted range of motion and decreased sensation on the right at L2-3. The diagnoses included MRI evidence of 4 mm right paracentral disc protrusion at L5-S1 (01/14/2014), cervical discopathy; disc bulges 3 mm to 4 mm disc/osteophyte complex between C3-4 and C4-5 per MRI (01/14/2014). The recommendation was for chiropractic therapy. The original date of request for cryotherapy could not be determined. The documentation indicated that a request had been made for microdiscectomy at L5-S1 and authorization was given on 01/07/2015. There was noted to be a request for cryotherapy that was denied on 01/07/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Cryotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Cold/Hot Packs.

Decision rationale: The American College of Occupational and Environmental Medicine indicate that at home local applications of cold packs in first few days of an acute complaint are appropriate and thereafter, applications of heat or cold. This would be appropriate in the postsurgical treatment as well. The Official Disability Guidelines additionally support the use of hot or cold packs and do not indicate there is support for continuous flow cryotherapy for the lumbar spine. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. The request as submitted failed to indicate the body part to be treated with the cryotherapy and the duration and whether the unit was for rental or purchase. Given the above and the lack of documentation, the request for associated surgical service cryotherapy is not medically necessary.