

Case Number:	CM15-0130039		
Date Assigned:	07/16/2015	Date of Injury:	04/05/2007
Decision Date:	08/12/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/06/2015

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: Massachusetts

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 36 year old male, who sustained an industrial injury on 4/5/2007. The mechanism of injury was putting bags on a belt. The injured worker was diagnosed as having lumbar disc herniation with bilateral lower extremities radiculopathy, lumbar facet Rhizotomy, status post lumbar disc decompression, lumbar facet syndrome, reactionary depression/anxiety and medications induced gastritis. There is no record of a recent diagnostic study. Treatment to date has included injections, surgery, steroids, lumbar epidural steroid injection, therapy and medication management. In a progress note dated 4/27/2015, the injured worker complains of low back pain. Physical examination showed bilateral lumbar tenderness. The treating physician is requesting cold therapy system with pad/wrap purchase for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold Therapy System with pad/wrap purchase (lumbar spine): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (web), 2015, Low Back Chapter, Cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Cold/heat packs.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for radiating low back pain. A lumbar decompression was done in March 2009 and lumbar facet medial branch radiofrequency ablation in January 2015. When seen, he was having debilitating symptoms. He was in moderate distress and moved slowly with an antalgic gait. There was thoracic and lumbar tenderness with muscle rigidity. There was decreased lumbar range of motion with decreased lower extremity strength and sensation. Straight leg raising was positive bilaterally. The claimant's BMI was nearly 36. In terms of thermal modalities, the use of heat and ice are low cost as at-home applications, has few side effects, and are noninvasive. The at-home application of heat or cold packs is recommended. However, in this case, simple, low-tech thermal modalities would meet the claimant's needs. The requested cold therapy system and wrap are not medically necessary.