

Case Number:	CM15-0133209		
Date Assigned:	07/21/2015	Date of Injury:	02/26/2002
Decision Date:	08/17/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/09/2015

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: Emergency 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 59-year-old male, who sustained an industrial injury on February 26, 2002. He reported a repetitive motion injury. The injured worker was diagnosed as having cervical spondylosis without myelopathy, displacement of intervertebral disc site unspecified without myelopathy, degeneration of cervical intervertebral disc and myalgia and myositis unspecified. Treatment to date has included diagnostic studies, injections, shoulder arthroscopy and medications. On May 20, 2015, the injured worker complained of neck pain and low back pain. Prior cervical and lumbar spine injections provided significant relief of his pain. The treatment plan included a cervical epidural steroid injection, motorized cold therapy unit purchase, MRI of the lumbar spine and a follow-up visit. On June 10, 2015, Utilization Review non-certified the request for motorized cold therapy unit (purchase), citing Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motorized Cold Therapy Unit (Purchase): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 13th Edition (web), 2015, Neck and Upper Back Continuous-flow cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck: Continuous-flow cryotherapy.

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do not have any sections that relate to this topic. As per Official Disability Guidelines, continuous cold therapy units are not recommended for neck or any except the shoulder, and even then only post operatively and only for 7 days. There is no documentation of surgery and there is justifiable rationale as to why this item needs to be purchased. It is unclear why patient cannot just use an ice pack. "Motorized cold therapy unit" is not medically necessary.