

Case Number:	CM15-0145452		
Date Assigned:	08/06/2015	Date of Injury:	01/27/2012
Decision Date:	09/21/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/27/2015

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: Maryland, Virginia, North Carolina
Certification(s)/Specialty: Plastic 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:

This 56 year old man sustained an industrial injury on 1-27-2012 after lifting a heavy mattress to spray for bugs. He was immediately referred for medical treatment including medications and x-rays. Evaluations include lumbar spine MRI dated 2-12-2015. Diagnoses include lumbosacral disc herniation with significant bilateral foraminal stenosis and grade I spondylolisthesis and possible pars fracture. Treatment has included oral medications, spinal injections, acupuncture, and physical therapy. Physician notes dated 2-23-2015 show complaints of back pain with bilateral leg radiculopathy. Recommendations include surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy unit postoperative rental for 7 days: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 308-310.

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

Decision rationale: The patient is a 56 year old who was certified for bilateral L2-S1 foraminotomy and microdiscectomy and requested postoperative use of a cold therapy unit rental for 7 days. ACOEM does not specifically address continuous-flow therapy in the postoperative setting, but ODG does as follows: "Continuous-flow cryotherapy: Recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries (eg, muscle strains and contusions) has not been fully evaluated. Continuous-flow cryotherapy units provide regulated temperatures through use of power to circulate ice water in the cooling packs. The available scientific literature is insufficient to document that the use of continuous-flow cooling systems (versus ice packs) is associated with a benefit beyond convenience and patient compliance (but these may be worthwhile benefits) in the outpatient setting. his meta-analysis showed that cryotherapy has a statistically significant benefit in postoperative pain control, while no improvement in postoperative range of motion or drainage was found. As the cryotherapy apparatus is fairly inexpensive, easy to use, has a high level of patient satisfaction, and is rarely associated with adverse events, we believe that cryotherapy is justified in the postoperative management of knee surgery. There is limited information to support active vs passive cryo units. Aetna considers passive hot and cold therapy medically necessary. Mechanical circulating units with pumps have not been proven to be more effective than passive hot and cold therapy. This study concluded that continuous cold therapy devices, compared to simple icing, resulted in much better nighttime pain control and improved quality of life in the early period following routine knee arthroscopy. Two additional RCTs provide support for use after total knee arthroplasty (TKA). Cold compression reduced blood loss by 32% and pain medication intake by 24%. It improved ROM and reduced hospital stay by 21%. Therefore, a 7 day rental is consistent with these guidelines in the postoperative setting and should be considered medically necessary. The UR review states that per ACOEM guidelines, "At-home local applications of cold in first few days of acute complaint; thereafter, applications of heat or cold is recommended for the treatment of low back disorders." This does not specifically refer to a postoperative setting, and thus, the ODG guidelines (which do) are more appropriate for consideration. The request is medically necessary.