MAXIMUS Federal Services

Case Number:	CM15-0146456		
Date Assigned:	08/07/2015	Date of Injury:	04/20/2014
Decision Date:	09/30/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/28/2015

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: Illinois, California, Texas
Certification(s)/Specialty: Orthopedic 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 injured worker is a 48-year-old male who sustained an industrial injury on 4/20/14. Injury occurred when he slipped on a wet surface and fell directly onto his back. He hit his head and momentarily lost consciousness, and struck his right elbow. The 3/17/15 treating physician report cited moderate low back pain greatly improved with bilateral L4-S1 medial branch blocks on 2/23/15. He reported 90% pain relief for several days with associated improvement in fusion and reduction in medication use. Physical exam documented a wide-based gait and difficulty with heel/toe walk due to pain. There was lumbar paravertebral muscle tenderness but no significant of facet tenderness. Neurologic exam was within normal limits. The diagnosis was lumbar disc disease and lumbar facet syndrome. The treatment plan requested bilateral L3-L5 medial branch facet joint rhizotomy and neurolysis. Authorization was also requested for a hot/cold contrast unit for 30 days following the procedure. The 7/7/15 utilization review certified the request for bilateral L3-L5 medial branch facet joint rhizotomy and neurolysis. The request for a hot/cold contrast unit was non-certified as there was no clear medical necessity for this durable medical equipment in the post-radiofrequency treatment setting, and there was a general lack of guideline support.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot/Cold contrast unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Cold/Heat Packs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, Chapter 12 Low Back Disorders (Revised 2007), Hot and cold therapies, page(s) 160-161.

Decision rationale: The California MTUS are silent regarding hot/cold therapy devices, but recommend at home applications of hot or cold packs. The ACOEM Revised Low Back Disorder Guidelines state that the routine use of high-tech devices for hot or cold therapy is not recommended in the treatment of lower back pain. Guidelines support the use of hot or cold packs for patients with low back complaints. Guideline criteria have not been met. There is no compelling reason submitted to support the medical necessity of a hot/cold therapy unit in the absence of guideline support, or over standard hot/cold packs. Therefore, this request is not medically necessary.