

Case Number:	CM15-0163632		
Date Assigned:	08/31/2015	Date of Injury:	10/17/2010
Decision Date:	10/06/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/20/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 51-year-old who has filed a claim for chronic neck pain reportedly associated with an industrial injury of October 17, 2010. In a Utilization Review report dated August 17, 2015, the claims administrator partially approved a request for a cold therapy unit purchase as a seven-day rental of the same. An August 6, 2015 progress note was cited in the determination. The applicant's attorney subsequently appealed. On August 6, 2015, the applicant reported ongoing complaints of neck pain. The applicant was asked to pursue a multilevel cervical fusion surgery at C4-C5 and C5-C6. Postoperative request to include a bone growth stimulator, cold therapy unit, neck brace, and 12 sessions of postoperative physical therapy were seemingly sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

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

Decision rationale: No, the request for a cold therapy unit purchase for postoperative use purposes was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of postoperative continuous flow cryotherapy. However, ODG's Neck and Upper Back Chapter notes that continuous flow cryotherapy is not generally recommended in the neck, i.e., the body part at issue here. The attending provider's August 6, 2015 progress note failed to furnish much in the way of supporting rationale for the device which would offset the unfavorable ODG position on the article at issue. Therefore, the request was not medically necessary.