

Case Number:	CM15-0164345		
Date Assigned:	09/01/2015	Date of Injury:	08/04/2014
Decision Date:	10/05/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/21/2015

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: Connecticut, California, Virginia
 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 injured worker is a 40 year old male who sustained a work related injury August 4, 2014. Past history included a lumbar spine hemi-laminectomy and microdiscectomy at L5-S1 April 21, 2015. According to a primary treating physician's progress report, dated July 1, 2015, the injured worker presented with low back pain, rated 4 out of 10, with left leg pain radiating to the foot. Objective findings included; lumbar spine-well healed surgical scar, slight decrease in sensation L5-S1. Some handwritten notes are difficult to decipher. Diagnosis is documented as status post lumbar surgery. Treatment plan included to follow-up with physician for evaluation and determination of when to start physical therapy, continue with home exercise program, stretching and walking program (told to walk a mile per day) and at issue, the request for authorization for a cold therapy system for comfort of post-operative surgical pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy system for comfort of post-op surgical pain: 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 - Updated 7/17/15. Cold/heat packs.

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, hot/cold therapy.

Decision rationale: The Official Disability Guidelines address the use of cold/heat packs as therapy and recommend it as an option for acute pain. In this case, however, given the chronicity, even in a flare, this may not be the most effective modality. At-home local applications of cold packs are recommended in first few days of acute complaint; thereafter, applications of heat packs or cold packs is appropriate. In this case it is unclear why a cold therapy unit several months from the acute post-op period is any more valuable than basic cold pack home application; therefore, the request is not considered medically necessary at this time.