

Case Number:	CM15-0169527		
Date Assigned:	09/10/2015	Date of Injury:	10/18/2009
Decision Date:	10/07/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/28/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 57 year old female who sustained an industrial injury on 10-18-09. A review of the medical records indicates that the injured worker is undergoing treatment for neck and low back pain. Medical records (07-14-15) reveal complaints of cervical and low back pain, which is not quantified, or rated with and without medications. The physical exam (07-14-15) reveals tenderness in the lumbar, thoracic and cervical para spinal muscles. Treatment has included medications, topical compounds, as well as cervical and lumbar epidural steroid injections. The treating provider indicates multiple cervical and lumbar disc protrusions per MRIs. The original utilization review (08-04-15) non-certified the purchase of a motorized cold therapy unit as there has been no recent surgical intervention to substantiate the necessity of this device.

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), Neck and Upper Back.

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

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ACOEM does recommend the at home local application of cold packs the first few days after injury and thereafter the application of heat packs. The Official Disability Guidelines section on cryotherapy states: Recommended as an option after surgery but not for nonsurgical treatment. The request is not for post surgical use, but the ODG places a finite period of time (7 days) that is recommended for use after surgery. The request is in excess of this period and therefore is not medically necessary.