

Case Number:	CM15-0183516		
Date Assigned:	09/24/2015	Date of Injury:	05/14/2010
Decision Date:	10/30/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/17/2015

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: California, Oregon, Washington
 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:

The injured worker is a 35 year old female, who sustained an industrial injury on May 14, 2010. She reported a pop in her low back followed by left sided pain and left leg severe pain associated with numbness. The injured worker was currently diagnosed as having lumbar spinal stenosis and sacroiliac sprain and strain. Treatment to date has included diagnostic studies, medications, land therapy, aqua therapy and epidural steroid injection. On January 16, 2015, an MRI showed lumbar spondylosis that was most significant at L4-5 where there was a 7 mm central-right paracentral broad protrusion causing stenosis of both lateral recesses at the right side greater than left, effacement-impingement of both proximal L5 roots, facet arthrosis of the right side greater than the left, L2-3 3mm posterior disc bulge with central annular fissure and L3-4 2mm posterior disc bulge. On August 12, 2015, the injured worker complained of back pain, limb pain, muscle spasms with numbness and tingling of affected limb(s). She rated her pain as an 8 on a 0-10 pain scale at the time of the exam, a 10 on the pain scale at worst and a 5 on the pain scale with medications. Physical examination of the lumbar spine revealed spasm and tenderness to palpation. Lumbar facet loading was positive on both sides. Straight leg raising test was positive on the right side in sitting at 30 degrees and on the left side in sitting at 50 degrees. There was tenderness to palpation of the left sacroiliac joint. Range of motion of the lumbar spine was noted to be very guarded and painful. The treatment plan included a new lumbar MRI, change in medications, follow-up visit and a consultation with an orthopedic spine surgeon. On September 24, 2015, utilization review denied a request cold therapy unit rental 21 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Cold Therapy Unit Rental 21 Days: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 section.

Decision rationale: CA MTUS/ACOEM is silent on the issue of continuous flow cryotherapy. According to the ODG Low Back section, cold/heat packs is recommended as an option for acute pain. It is recommended for at home application of cold packs for the first few days of acute complaint. The ODG does not recommend a motorized hot cold therapy unit such as vascutherm as cold packs is a low risk cost option. Therefore the determination is not medically necessary.