

Case Number:	CM15-0185302		
Date Assigned:	09/25/2015	Date of Injury:	09/08/2006
Decision Date:	11/02/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/21/2015

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: 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 60-year-old male who sustained an industrial injury on 9/8/06. The mechanism of injury was not documented. The 3/28/15 lumbar spine MRI impression documented grade 1 spondylolisthesis without spondylolysis at the L2/3 through L4/5 levels. There was multilevel disc osteophyte complexes at the L2/3 through L5/S1 levels with moderate central canal stenosis at L3/4 and L4/5 and mild central canal stenosis at L2/3. There was multilevel neuroforaminal stenosis at L2/3 through L5/S1. There was moderate subarticular recess stenosis at L4/5, and left neuroforaminal stenosis from L2/3 through L5/S1. The 4/29/15 treating physician report cited significant low back pain radiating down the left lower extremity with numbness, tingling, and weakness. She had difficulty with her daily activities, including prolonged sitting, standing, walking, squatting, kneeling, and stooping. She also had difficulty sleeping due to pain and discomfort. Physical exam documented lumbar paravertebral muscle spasms, tenderness, and guarding with decreased range of motion. There was decreased left L5 dermatomal sensation. Surgical planning was awaiting MRI results. The 5/13/15 treating physician report cited imaging evidence of multilevel disc desiccation and moderate spinal stenosis with the most significant findings on the left at L3/4 and L4/5. The injured worker had failed conservative treatment including physical therapy, home exercise, therapeutic modalities, and medications. Physical exam documented dysesthesia at the left L4 and L5 levels, diminished patellar reflexes, and some weakness in knee extension. Surgery was requested to include left L3/4 and L4/5 lumbar decompression. She subsequently underwent left hemilaminectomy with decompression at L3-L5 with epidural injection on 7/17/15. Authorization was requested for a Q-

Tech cold therapy recovery system with wrap rental for 21 days, date of service 7/17/15. The rationale for use of this device was to combat pain and swelling. The 8/26/15 utilization review non-certified the request for the Q-Tech cold therapy recovery system with wrap rental for 21 days as there was no indication that the injured worker was unable to tolerate home applications of ice or cold packs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Q-tech cold therapy recovery system with wrap rental for 21 days, date of service:

07/17/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. 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 cold therapy devices, but recommend at home applications of cold packs. The ACOEM Revised Low Back Disorder Guidelines state that the routine use of high-tech devices for cold therapy is not recommended in the treatment of lower back pain. Guidelines support the use of 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 cold therapy unit in the absence of guideline support and over standard cold packs. Therefore, this request is not medically necessary.