

Case Number:	CM15-0185538		
Date Assigned:	09/25/2015	Date of Injury:	03/16/2014
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: 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 39-year-old male, who sustained an industrial-work injury on 3-16-14. He reported initial complaints of back and groin pain. The injured worker was diagnosed as having lumbar discopathy and lumbago. Treatment to date has included medication, physical therapy, acupuncture, chiropractic therapy, and activity modification. Currently, the injured worker complains of constant, severe pain in the low back with radiation of pain into the lower extremities that is burning in nature and associated with tingling and numbness. Pain is worsening and rated 8 out of 10. There is also associated sleep difficulties due to pain. Per the primary physician's progress report (PR-2) on 6-25-15, exam noted normal gait, pain and tenderness right across the iliac crest into the lumbosacral spine, positive seated nerve root test, range of motion is guarded and restricted, radiating pain, tingling and numbness in the left lateral thigh, posterior leg as well as foot which correlates with S1 dermatomal pattern, 3+ to 4 strength in the left ankle plantar flexors, ankle reflexes are asymmetric, absent on the left. Current plan of care includes surgery left L5-S1 hemi-micro laminotomy. The Request for Authorization requested service to include associated surgical service: Ice unit for purchase. The Utilization Review on 8-26-15 denied the request for associated surgical service: Ice unit for purchase, per PubMed - Medline, Cinahl and The Cochrane Library.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ice Unit (purchase): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PubMed - Medline, Cinahl and The Cochrane Library.

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: The CA MTUS/ACOEM Guidelines are silent on the issue of continuous flow cryotherapy. According to the Official Disability Guidelines, cold/heat packs are 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 request is not medically necessary.