

Case Number:	CM15-0189755		
Date Assigned:	10/01/2015	Date of Injury:	04/30/2014
Decision Date:	12/03/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/25/2015

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: Texas, California
 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:

This is a 53-year-old female patient who sustained an industrial injury on 04/30/2014. Medical records indicated the patient was treated for low back and leg pain. Per the QME dated 10/8/15, she had lumbosacral pain with radiation to the buttocks, posterior thigh and left lower extremity down to the heel at 8/10; depression. Per the doctor's note dated 8/21/15, she had complaints of low back and leg pain. She had pain at 10/10 without medications and injections. The physical examination revealed antalgic gait, tenderness and pain with lumbar extension and positive straight leg raising test bilaterally. Per the doctor's note dated 02-22-2015, she had a lumbar facet injection (01-20-2015) which helped for the right-sided low back pain but didn't help the left sided pain or leg pain. Physical therapy made her pain worse. She had complains of numbness in the bottom of both feet. She had some left leg pain but not as much as on the right side. She was depressed over the continued pain and limitation of her activity. She rated her pain as a 10 on a scale of 0-10 without her medications. The physical examination revealed no deficit in the lower extremity strength, intact sensation but diminished in the lateral feet, Sciatic notches pain free to palpation, Sacroiliac joints non-tender bilaterally, Patrick's sign positive on the right side, increased pain with flexion and extension and positive straight leg raise on the right. Her medications include omeprazole, Ultracet, Flexeril, and Naprosyn. She had intraarticular facet joint injection at L4-5 and L5-S1 on 1/20/15 and 7/28/15. She had MRI of the lumbar spine dated 10-10-2014 which revealed annular tear with posterior disc margin with the small generalized disc bulge at L4-L5, bilateral facet hypertrophy with effusions, no central canal stenosis, Neuroforamen mildly narrowed and a small left posterior lateral disc protrusion at L2-L3 likely;

a MRI of the right hip dated 10-10-2014 which showed mild osteoarthritis of the right hip; an EMG-NCV (Electromyogram-Nerve conduction velocity) of the right leg on 02-22-2015 with normal findings. She had physical therapy, psychological evaluation, psychotherapy and exercise program for this injury. She was given an ice pack on 8/21/15. Plans include a transforaminal lumbar steroid injection bilaterally. Medications are continued. A request is to be made for 6 visits with a psychologist to address her depression and Cognitive Behavioral Therapy. A request for authorization was submitted for Retrospective request for Ice pack DOS 8/21/15. A utilization review decision 09/15/2015 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Ice pack DOS 8/21/15: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chapter: Low Back (updated 09/22/15) Cold/heat packs.

Decision rationale: Retrospective request for Ice pack DOS 8/21/15. Per the ACOEM guidelines, regarding cold pack "At-home local applications of heat or cold are as effective as those performed by therapists." Per the ODG regarding heat/cold pack "Recommended as an option for acute pain. At-home local applications of cold packs in first few days of acute complaint; thereafter, applications of heat packs or cold packs.....studies confirm that it may be a low risk low cost option. (French-Cochrane, 2006) There is minimal evidence supporting the use of cold therapy, but heat therapy has been found to be helpful for pain reduction and return to normal function." Per the records provided, the patient had significant low back and leg pain with depression. The patient has objective findings on the physical examination-antalgic gait, tenderness and pain with lumbar extension and positive straight leg raising test bilaterally. Ice pack is recommended to use for home application as a low risk low cost option. The request of retrospective request for Ice pack DOS 8/21/15 was medically appropriate and necessary for this patient at that time.