

Case Number:	CM15-0196213		
Date Assigned:	10/09/2015	Date of Injury:	03/19/2012
Decision Date:	11/19/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/06/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 59 year old female, who sustained an industrial injury on 3-19-12. The injured worker is diagnosed with musculoligamentous lumbar spine sprain with right lower extremity radiculitis, disc bulges L3-L4, L4-L5 and L5-S1, L4, L5 and S1 radiculopathy, musculoligamentous cervical spine sprain with upper extremity radiculitis, disc bulges C4-C5, C5-C6, C6-C7, C7-T1 and T1-T2, right C5, C6 and left C5, C6 and C7 radiculopathy, right hip osteoarthritis and right hip internal derangement. Her work status is temporary total disability. Notes dated 6-8-15-9-21-15 reveals the injured worker presented with complaints of low back pain with cramping in her bilateral legs-thighs (right greater than left) and numbness and tingling in her feet. She reports neck stiffness and tightness, and pain that radiates into her right shoulder with limited range of motion and occasional sharp right hip pain. Physical examinations dated 6-8-15-7-13-15-9-21-15 revealed an altered gait and tenderness over the right sciatic notch. Treatment to date has included physical therapy, which is improving stiffness and range of motion per note dated 9-21-15; injection; medication and surgical intervention; right total hip replacement (2015). A request for authorization dated 9-23-15 for 2 ice packs is denied, per Utilization Review letter dated 9-30-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ice packs #2 qty: 2: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care, and Low Back Complaints 2004, Section(s): Physical Methods.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7: Chronic Pain, p168.

Decision rationale: The claimant sustained a work injury in March 2012 and continues to be treated for neck, low back, and right hip pain. Her injury occurred when she fell at work. She underwent a right total hip replacement in March 2015. When seen, she was having pain and stiffness. She was having occasional right hip pain which had improved. She was continuing to ambulate with a limp. There was right sciatic notch tenderness. Recommendations included massage therapy and continued use of ibuprofen. Cold packs were requested. The use of modalities such as heat and ice are low cost as at-home applications have few side effects, and are noninvasive. Self-application of low-tech heat therapy is recommended for treatment of chronic low back pain, CRPS, or other chronic pain syndromes. The requested ice packs are medically necessary.