

Case Number:	CM15-0198498		
Date Assigned:	10/15/2015	Date of Injury:	08/21/2004
Decision Date:	11/23/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/08/2015

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 63-year-old female who sustained an industrial injury on 8/21/04. Injury occurred when the forklift he was driving collided with another forklift that was backing up. Conservative treatment had included physical therapy, aquatic therapy, medications, and activity modification. The 1/7/15 lumbar spine x-rays documented 4 mm of anterolisthesis of L4 on L5 with extension that increased to 7.6 mm with flexion. The 9/16/15 treating physician report cited constant low back pain radiating down both legs with weakness, numbness and tingling. Symptoms were aggravated by prolonged sitting, standing, walking, and heavy lifting. Symptoms were alleviated by over the counter medication. Lumbar spine exam documented restricted lumbar range of motion, positive straight leg raise, ability to heel and toe walk, bilateral L5 hypesthesia, and trace extensor hallucis longus weakness. There was imaging evidence of grade I to II L4/5 degenerative spondylolisthesis with instability and severe stenosis. The treatment plan included L4/5 laminectomy, transforaminal lumbar interbody fusion and posterior spinal fusion. An associated request was submitted for a cold therapy unit. The 10/6/15 utilization review modified the request for a cold therapy unit to 7 day rental which is generally consistent with the Official Disability Guidelines.

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: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 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. The Official Disability Guidelines do not specifically address cold therapy units in low back surgery. Guideline criteria have not been met. The 10/6/15 utilization review modified this request to a 7-day rental of a cold therapy unit. There is no compelling reason submitted to support the medical necessity of additional certification of a cold therapy unit in the absence of guideline support. Therefore, this request is not medically necessary.