MAXIMUS Federal Services

Case Number:	CM15-0201053		
Date Assigned:	10/16/2015	Date of Injury:	05/20/2003
Decision Date:	11/24/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/13/2015

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: Montana, Oregon, Idaho
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 53 year old female, who sustained an industrial-work injury on 5-20-03. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar disc herniation, lumbar stenosis, lumbar disc disease, sciatica, post laminectomy syndrome, and lumbosacral strain and sprain. Treatment to date has included pain medication; trigger point injections with good response, diagnostics, and other modalities. Medical records dated 9-3-15 indicate that the injured worker complains of progressive bilateral leg pain, numbness and weakness. The medical records also indicate worsening of the activities of daily living. The physical exam reveals that she stands 10-15 degrees forward flexed because of comfort. Active flexion is to 50 degrees with extension to neutral causing sharp pain down her legs, right worse than the left. There is weakness in the right ankle dorsiflexors and diminished sensation of the anterior tibia of the right leg. The physician indicates that she has persistent neurological deficits and the Magnetic Resonance Imaging (MRI) of the lumbar spine dated 8-11-15 shows moderate to severe stenosis. The physician recommends surgical care. The request for authorization date was 9-3-15 and requested service included rental of Hot Cold Therapy unit with wrap. The original Utilization review dated 9-15-15 modified the request for rental of Hot Cold Therapy unit with wrap for 7 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot Cold Therapy unit with wrap: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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.

Decision rationale: CA MTUS/ACOEM is silent on the issue of continuous flow cryotherapy. According to the ODG Low Back section, cold/heat packs is 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. In this case, the injured worker is being treated for lumbar symptoms. The guidelines do not recommend hot cold therapy units due to increased cost and no increased effectiveness over cold packs. In addition, the request does not state the duration of rental. Therefore, the request is not medically necessary.