

Case Number:	CM15-0201171		
Date Assigned:	10/16/2015	Date of Injury:	03/11/2014
Decision Date:	11/25/2015	UR Denial Date:	09/18/2015
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: Maryland

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

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 3-11-14. He reported initial complaints of lower back pain. The injured worker was diagnosed as having displacement of lumbar intervertebral disc without myelopathy and lumbar sprain-strain. Treatment to date has included medication, surgery (left lumbar hemilaminectomy at L5-S1 with microdiscectomy on 8-25-14, lumbar fusion at L5-S1), and diagnostics. MRI results were reported on 12-16-14 of the lumbar spine to report degenerative changes, disc herniation, soft tissue density to the left posterior aspect suspicious of remnant of a disc structure surrounded by granulation tissue. Areas involved are L4-S1. Currently, the injured worker complains of ongoing low back pain rated 10 out of 10 with radiation to the left leg with numbness and tingling and foot drop. A brace was used for walking. Per the primary physician's progress report (PR-2) on 8-5-15, exam notes L4 dermatome is reduced on the left and L5 is reduced on the left, straight leg raise is positive on the left, reduced range of motion bilaterally, ambulates with a cane with foot drop brace on the left. Current plan of care includes proceed with repeat discectomy L5-S1 and iliac crest bone graft on 8-11-15. The Request for Authorization requested service to include Q-tech cold therapy recovery system with wrap, 30-day rental. The Utilization Review on 9-18-15 denied the request for Q-tech cold therapy recovery system with wrap, 30-day rental, per CA MTUS (California Medical Treatment Utilization Schedule) Guidelines; Low Back Complaints 2004.

IMR ISSUES, DECISIONS AND RATIONALES

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

Q-tech cold therapy recovery system with wrap, 30-day rental: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC), Online, 2015 Chapter: Low Back - Lumbar & Thoracic (Acute & Chronic), updated 7/17/15; Knee Chapter, updated 7/10/15.

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

Decision rationale: Q-tech cold therapy recovery system with wrap, 30-day rental is not medically necessary per the MTUS and the ODG Guidelines. The ODG states that cold/heat packs are recommended as an option for acute pain. The MTUS and the ODG state that at-home local applications of cold pack in first few days of acute complaint; thereafter, applications of heat packs or cold packs. The MTUS and the ODG do not address continuous-flow cryotherapy for the low back. The ODG knee chapter states that continuous flow cryotherapy can be recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. The request for a 30 day rental exceeds the guideline recommendation for up to 7 days postsurgery. Furthermore, the guidelines recommend at home local applications of cold packs and do not address continuous flow cryotherapy. For these reasons, this request is not medically necessary.