

Case Number:	CM15-0201906		
Date Assigned:	10/16/2015	Date of Injury:	01/21/2015
Decision Date:	11/25/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/14/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 37 year old male, who sustained an industrial-work injury on 1-21-15. He reported initial complaints of neck and shoulder pain. The injured worker was diagnosed as having herniated nucleus pulposus with spinal stenosis and progressive severe C6 sensory and motor radiculopathy. Treatment to date has included medication, diagnostics, and surgery (anterior partial corpectomy posterior at C5-6 on 9-29-15). Currently, the injured worker complains of neck pain down left arm and shoulder. Per the primary physician's progress report (PR-2) on 9-9-15, exam noted decreased range of motion to the cervical spine, spasm, positive Spurling's, left arm decreased sensation at C6-7, left shoulder positive impingement, and positive anterior apprehension. Current plan of care includes review current MRI (magnetic resonance imaging) of cervical spine and left shoulder and medication and medication. The Request for Authorization requested service to include cold compression unit, 30 day and cervical wrap. The Utilization Review on 10-1-15 denied the request for cold compression unit, 30 day and cervical wrap, 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:

Cold compression unit, 30 day: 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) Cryotherapy/ Cold & Heat Packs, pages 381-382.

Decision rationale: Review indicates the patient is s/p anterior partial corpectomy posterior at C5-6 on 9-29-15. Regarding Hot/Cold therapy, guidelines state it is 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 authorization does not provide supporting documentation for 30 days beyond the guidelines criteria. There is no documentation that establishes medical necessity or that what is requested is medically reasonable outside recommendations of the guidelines. The requests for the rental of the Cold therapy System with cervical wrap do not meet the requirements for medical necessity. MTUS Guidelines is silent on specific use of cold compression therapy with pad and wrap, but does recommend standard hot/cold pack with exercise. ODG Guidelines specifically addresses the short-term benefit of cryotherapy post-surgery; however, limits the use for 7-day post-operative period, as efficacy has not been proven after. The Cold compression unit, 30 day is not medically necessary and appropriate.

Cervical 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) Cryotherapy/ Cold & Heat Packs, pages 381-382.

Decision rationale: MTUS Guidelines is silent on specific use of hot/cold compression therapy with pad and wrap, but does recommend standard hot/cold pack with exercise. ODG Guidelines specifically addresses the short-term benefit of cryotherapy postsurgery; however, limits the use for 7-day post-operative period as efficacy has not been proven after. As the Cold compression unit, 30 day is not medically necessary and appropriate; thereby, the Cervical wrap is not medically necessary and appropriate.