MAXIMUS Federal Services

Case Number:	CM15-0203405		
Date Assigned:	10/20/2015	Date of Injury:	10/25/2012
Decision Date:	12/02/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/15/2015

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 56 year old male, who sustained an industrial injury on 10-25-2012. The injured worker was being treated for cervical discogenic pain, cervical facet pain, myofascial pain, dystonia, chronic pain syndrome, and depression. Treatment to date has included diagnostics, physical therapy, transcutaneous electrical nerve stimulation unit, H wave unit, and medications. On 9-02-2015, the injured worker complains of pain in his neck, bilateral trapezii, and right periscapular region. Pain was rated 5 out of 10 with medication and 7 without (rated 4 out of 10 with medication and 7 without on 7-22-2015). He reported that H wave was most helpful in providing pain relief for his neck and TMJ, medications were helpful and well tolerated (noting Baclofen and Clonazepam), and Botox for dystonia of the right face and neck. He was not working. Physical exam of the cervical spine noted strength in the upper extremities as 5 of 5, intact sensation, tenderness over the cervical paraspinals on the right and right trapezius, tenderness over the facet joints, mostly at right C4-5 and C5-6, and normal but painful extension and limited rotation to the right. The treatment plan included cervical facet injections. He was to continue home exercise program, H wave, heat and ice. He was given an ice pack to use for pain reduction. On 9-11-2015, Utilization Review non-certified a request for an ice pack with indefinite use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective ice pack indefinite use (dispensed 9/3/15): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic) Chapter, under Cold Packs.

Decision rationale: The patient presents on 09/02/15 with neck and right upper extremity pain rated 7/10 without medications, 5/10 with medications. The patient's date of injury is 10/25/12. The request is for Retrospective ice pack indefinite use (dispensed 9/3/15). The RFA was not provided. Physical examination dated 09/02/15 reveals tenderness to palpation of the cervical paraspinals and right trapezius, tenderness over the facet joints at C4-5 and C5-6 levels. The patient is currently prescribed Baclofen and Clonazepam. Patient is currently not working. ODG Guidelines, Neck and Upper Back (Acute and Chronic) Chapter, under Cold Packs, states: Recommended. Insufficient testing exists to determine the effectiveness (if any) of heat/cold applications in treating mechanical neck disorders, though due to the relative ease and lack of adverse affects, local applications of cold packs may be applied during first few days of symptoms followed by applications of heat packs to suit patient. In regard to the retrospective ice pack for this patient's chronic neck and right upper extremity pain, the request is appropriate. There is no indication in the documentation provided that this patient has been issued any ice packs to date. Progress note dated 09/02/15, which is associated with this request, states that the ice pack is being issued to the patient as an adjunct to his home exercise program. Given the patient's continued pain and the guideline support for the use of cold/heat packs as a conservative option, such adjuncts are an appropriate measure and could produce benefits for this patient. Therefore, the request IS medically necessary.