MAXIMUS Federal Services

Case Number:	CM15-0207890		
Date Assigned:	10/26/2015	Date of Injury:	09/09/1994
Decision Date:	12/09/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/22/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 65 year old female, who sustained an industrial injury on 9-9-94. The injured worker was diagnosed as having chronic pain syndrome; late effect of surgery; postlaminectomy syndrome - lumbar; severe degenerative joint disease bilateral hips; pain in joint, pelvis and thigh. Treatment to date has included status post lumbar laminectomy in 1979 with a revision decompression 1995; status post removal of lumbar hardware 1998; status post anterior fusion L3-S1 with posterior fusion L3-L4 2002; fusion with fixation (3-31-11); status post left arthropathy; status post placement of spinal cord stimulator 6-2007 status post removal thoracic spinal cord stimulator (10-31-11); status post left hip total arthroplasty with subsequent removal of implant due to infection; physical therapy; TENS unit; medications. Currently, the PR-2 notes dated 8-11-15 indicated the injured worker complains of headache, back pain, neck pain, low back pain and hip pain. The provider documents "Pain is rated at least a 5 and at worst 9. The pain is characterized as constant and radiating and is increased with activity and decreased with medications." She is seen on this day as a follow-up of her May 2015 office visit. He notes "She is very insistent upon resuming Soma. She states nothing else works for her. She has continued with her OxyContin 80mg and Norco both 4 times a day. She is still pending hip surgery but the patient and her husband does not feel this is likely due to insurance issues." His treatment plan includes a refill on medications for a 90-day supply, consider a detox program, and he notes he has declined to refill the Soma and Xanax. She will follow-up with orthopedists and PCP and notes she is not healthy enough for an intrathecal pump or spinal cord stimulator. She has had a spinal cord stimulator in the past and it was removed due to infection. The PR-2 notes from 5-20-15 indicate pain rated at "6 and at worst a 9" and medication improves her condition. These notes indicate the injured worker has had conservative treatment including physical

therapy; acupuncture, surgery, TENS unit, ice-heat, injections and medications. He notes she has had a complex pain and surgical history of nine lumbar surgeries, bilateral total knee replacements, right carpal tunnel release and left total hip with the prosthesis removed due to osteomyelitis. She has been house bound since 2011. She has seen 5 orthopedic surgeons regarding her hip pain and they have declared her too risky to replace her hips. Another orthopedic surgeon has recommended the hip surgery and she is awaiting authorization for this. She is one the same medications regimen as the prior physician prescribed including Soma, Norco, Oxycodone IR, OxyContin, Ibuprofen, Cymbalta, Xanax, Gabapentin, Tizanidine and Lidoderm patch. She and her husband have requested this provider take over her pain medications but insist that she must remain on each of these medications "as-is" given the severity of her condition. A Request for Authorization is dated 10-22-15. A Utilization Review letter is dated 10-12-15 and non-certification for Cold Therapy unit for the low back purchase. A request for authorization has been received for Cold Therapy unit for the low back purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold Therapy unit for the low back purchase: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Cold/Heat Packs.

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-Lumbar & Thoracic (Acute & Chronic), Cold/heat packs.

Decision rationale: The claimant has a remote history of a work injury occurring in September 1994 when she tripped and fell. She has undergone multiple orthopedic procedures with complications. She has had nine spinal surgeries, bilateral total knee replacements, and right carpal tunnel surgery complicated by hip infections. In May 2015, she had been essentially housebound since 2011 and was on a stretcher. She had been seen by five orthopedic surgeons for her hips and hip replacement surgery was being considered. Medications included opioids at a total MED (morphine equivalent dose) of over 500 mg per day. When seen in October 2015 she was having radiating neck pain, low back pain, and bilateral hip pain. She again presented on a stretcher. Physical examination findings included posterior cervical and low back tenderness. She had increased pain with hip rotation. Trigger point injections were performed. The plan references the claimant as using a cold therapy unit for her back with significant reduction in back pain. Authorization for continued use was requested. In terms of thermal modalities, the use of ice has few side effects, and is noninvasive. The at-home application of heat or cold packs is recommended. This is a unique case in that the claimant has severely restricted mobility. Use of conventional cold packs would not be feasible as a self applied modality. She is already using a cold therapy unit with reported benefit. Continued use is medically necessary.