

Case Number:	CM15-0209245		
Date Assigned:	10/28/2015	Date of Injury:	07/26/2004
Decision Date:	12/14/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	10/23/2015

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: Arizona

Certification(s)/Specialty: 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 54 year old female, who sustained an industrial injury on 07-26-2004. A review of the medical records indicates that the worker is undergoing treatment for neck and lumbar sprain and strain, myofascial pain and chronic pain syndrome. Treatment has included Neurontin, Trazodone, Ibuprofen, Norco, Hydrocodone, Tramadol, transcutaneous electrical nerve stimulator (TENS) unit, physical therapy, surgery and a home exercise program. Subjective complaints (07-17-2015 and 10-12-2015) included neck, back and bilateral shoulder pain rated as 8-10 out of 10. Objective findings (07-17-2015 and 10-12-2015) included decreased painful range of motion of the lumbar spine with tenderness to palpation. On 07-17-2015 the plan of care included continued pain medication and acupuncture. On 09-03-2015, the worker was noted to complain of continued severe low back pain and thigh pain left greater than right and recent CT scan was noted to show severe and progressive L2-L3 degenerative disc disease. The worker was noted to have failed conservative care and surgery to include L2-L3 anterior- posterior lumbar decompression with interbody fusion was recommended. The physician noted that surgery was scheduled that Wednesday and that post-operative pain management would be discussed with [REDACTED]. A utilization review dated 10-22-2015 modified a request for post-op DME: hot-cold therapy unit with pad (purchase) to certification of a 7 day rental of post-op DME: hot-cold therapy unit with pad (purchase). Of note, the L2-L3 anterior-poster lumbar decompression and interbody fusion had been certified as per the 09-24-2015 utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative Hot/Cold therapy unit with pad, purchase, Qty 1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg - Continuous flow cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Efficacy of Thermotherapy and Cryotherapy on Pain Relief in Patients with Acute Low Back Pain, A Clinical Trial Study. J Clin Diagn Res. 2014 Sep; 8(9): LC01-LC04.

Decision rationale: The findings of this study indicated that thermotherapy and cryotherapy caused low back pain to be relieved. Since these methods predictably have fewer side-effects and are economical and accessible, they could be used, alongside pharmacologic treatments, as supplementary ones for reducing pain in the patients with low back pain. Although the above referenced study was done for low back pain and not specifically for post-operative back pain, the postoperative hot/cold therapy unit with pad is likely to be beneficial for postoperative low back pain as well and is medically necessary. Therefore, the prior utilization review is overturned.