

Case Number:	CM15-0216172		
Date Assigned:	11/05/2015	Date of Injury:	05/22/2014
Decision Date:	12/18/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	11/03/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 25 year old female, who sustained an industrial injury on 5-22-2014. The injured worker was diagnosed as having sciatica. Treatment to date has included diagnostics, physical therapy, L4-5 decompression and right L4-5 hemilaminectomy, hemifacetectomy with foraminotomy, and microdiscectomy (9-2015), and medications. On 10-05-2015, the injured worker complains of "intermediate slight low back pain with pain radiating into the left lower extremities posteriorly". She reported much improvement compared with pre-operative status. Exam of the lumbar spine noted healed scars, tenderness at the midline lumbar and lumbosacral junction, decreased range of motion, "normal" lower extremity neurologic status, and decreased sensation left L5 dermatome. Current medication regimen was not noted. She was awaiting physical therapy and work status was total temporary disability. On 10-27-2015 Utilization Review non-certified a request for DME-INT cold compression unit for 30 days, lumbar wrap, set up and delivery.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME-INT Cold compression unit for 30 days, lumbar wrap, set up and delivery: 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.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ACOEM does recommend the at home local application of cold packs the first few days after injury and thereafter the application of heat packs. The Official Disability Guidelines section on cryotherapy states: Recommended as an option after surgery but not for nonsurgical treatment. The request is for post surgical use, but the ODG places a finite period of time (7 days) that is recommended for use after surgery. The request is in excess of this period and therefore is not medically necessary.