

Case Number:	CM15-0036956		
Date Assigned:	03/05/2015	Date of Injury:	08/21/2012
Decision Date:	04/16/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	02/26/2015

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 57 year old female, who sustained an industrial injury on August 21, 2012. The diagnoses have included cervical, thoracic, lumbar and left buttock myoligamentous strain, lumbar spine surgery, left hip pain and left knee pain. A progress note dated January 6, 2015 provided the injured worker complains of low back pain radiating to legs and left knee pain. Tenderness on palpation of lumbar spine and decreased range of motion (ROM). Utilization review determination is dated February 25, 2015. Application for independent medical review (IMR) is dated February 26, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot/cold compression therapy unit with lumbar wrap 3 times a day, 30 day rental: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines chapter for Forearm, wrist, hand, section on Cold packs shoulder chapter, section on Continuous-flow cryotherapy knee chapter, section on Continuous-flow cryotherapy low back chapter, section on hot/cold packs.

Decision rationale: Based on the 1/6/15 progress report provided by the treating physician, this patient presents with low back pain, radiating to the lower extremities with numbness, and constant left knee pain with swelling. The treater has asked for HOT/COLD COMPRESSION THERAPY UNIT WITH LUMBAR WRAP 3 TIMES A DAY, 30 DAY RENTAL on 1/6/15. The patient's diagnosis per Request for Authorization form dated 1/6/15 is lumbar myofascial pain. The patient is s/p multiple falls in July 2011, August 2012, and September 2012, her most recent fall injuring her back per 9/25/14 report. The patient is s/p posterolateral interbody fusion L4-5 and L5-S1, and laminotomy bilateral L4-5 and bilateral L5-S1 from 10/1/14. The patient is currently not working as of 1/6/15 report. The MTUS and ACOEM Guidelines are silent with regards to this request. However, ODG Guidelines under the Low Back chapter on Cold/Heat Packs recommends at-home, local applications of cold pack in the first few days of acute complaints; thereafter, applications of heat packs. ODG further states that mechanical circulating units with pumps have not been proven to be more effective than passive hot/cold therapy. In this case, the ODG guidelines do not recommend mechanical circulating units over passive hot/cold therapy. The patient is post-operative for which the treater may have recommended this device. Mechanical, continuous flow cold/hot therapy units are not discussed for L-spine post-op condition in ODG, although it is supported for 7 days post-op following knee and shoulder surgeries. These units are not recommended for chronic pain per ODG for L-spine condition. The request IS NOT medically necessary.