

Case Number:	CM15-0038625		
Date Assigned:	03/09/2015	Date of Injury:	02/17/2006
Decision Date:	05/05/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/02/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic 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 58-year-old male who sustained an industrial injury on 2/17/06. Injury occurred when he had to wrestle with a suspect. He underwent a right sided decompressive lumbar laminectomy at L4 and L5 with foraminotomy, facetectomy and discectomy on 5/24/06. The 10/22/14 lumbar spine MRI showed severe disc desiccation at L4-L5 with the Modic type 2 endplate degenerative change, mild disk desiccation at L3-L4 with minimal bulging, and mild disc desiccation and bulging at L5-S1. The 2/3/15 treating physician report cited tremendous right leg pain, which exceeded his back pain. Physical exam documented right antalgic gait, difficulty in heel walking on the right, positive right straight leg raise, trace left ankle dorsiflexion, and deep tendon reflexes diminished and symmetrical. The diagnosis was lumbar stenosis, disc herniation, disc disease, sciatica, and sprain/strain. Authorization was request for right L3/4 and L4/5 lumbar laminectomy and laminotomy with an assistant surgeon, lumbar brace, and hot/cold therapy unit. The 2/18/15 utilization review certified a request for right L3/4 and L4/5 lumbar laminectomy and laminotomy with an assistant surgeon and a lumbar brace. The associated request for a hot/cold therapy unit with wrap was non-certified as the guidelines do not recommend high-tech cooling devices.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: Hot/cold therapy unit with wrap for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, Chapter 12 Low Back Disorders (Revised 2007), Hot and cold therapies, page(s) 160-161.

Decision rationale: The California MTUS are silent regarding hot/cold therapy devices, but recommend at home applications of heat or cold packs. The ACOEM Revised Low Back Disorder Guidelines state that the routine use of high-tech devices for hot or cold therapy is not recommended in the treatment of lower back pain. Guidelines support the use of hot or cold packs for patients with low back complaints. Guideline criteria have not been met. There is no compelling reason submitted to support the medical necessity of a hot/cold therapy unit in the absence of guideline support. Therefore, this request is not medically necessary.