MAXIMUS Federal Services

Case Number:	CM15-0044074		
Date Assigned:	03/16/2015	Date of Injury:	02/09/2000
Decision Date:	04/17/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/09/2015

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: New Jersey
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 male patient, who sustained an industrial injury on 02/09/2000. A orthopedic follow up visit dated 02/05/2015, reported the patient losing his ability to walk. He is having severe pain in his back with radiating pain into bilateral lower extremities. Physical examination found tenderness to palpation over the lower lumbar area. His forward flexion was about 25 degrees and extension 190 degrees before encountering sharp pain radiating down bilateral legs. He remains weak at bilateral ankle dorsiflexors, one to two grades out of five. He is with diminished sensation in the anterior tibial areas of bilateral legs and reflexes were found diminished, symmetrical. Diagnostic testing to include radiographic study, roentgenograms and magnetic resonance imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable medical equipment (DME) purchase of and hot/cold therapy unit with wrap:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ODG, Low back section, Cold/heat packs.

Decision rationale: The MTUS ACOEM Guidelines state that for low back injuries/pain, at home applications of cold are as effective as those performed by therapists. The ODG states that cold or heat packs are recommended as options for acute pain (first few days after injury). There is insufficient evidence to suggest any continuous flow cryotherapy or heating device is to be recommended over a simpler home cold/heat pack. Rental of a cryotherapy device for a few days after surgery might be offered. In the case of this worker, although surgery was being discussed, there was no indication for a purchase of such a unit or any device for heat or cold transfer as found in the documentation provided, and therefore, the purchase of the heat/cold unit with wrap will be considered medically unnecessary.