

Case Number:	CM15-0045151		
Date Assigned:	03/17/2015	Date of Injury:	07/06/2011
Decision Date:	04/24/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/10/2015

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 62-year-old [REDACTED] beneficiary who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of July 6, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier cervical spine surgery; earlier lumbar spine surgery; and unspecified amounts of physical therapy over the course of the claim. In a February 11, 2015 Utilization Review Report, the claims administrator denied a Q-tech cold therapy unit and associated wrap. The claims administrator referenced a January 9, 2015 RFA form and associated progress note in its determination. The applicant's attorney subsequently appealed. In a progress note dated February 3, 2015, the applicant reported ongoing complaints of neck, mid back, and low back pain. The applicant was placed off of work, on total temporary disability. The attending provider noted that the applicant was status post two level anterior cervical decompression and fusion surgery. The applicant's gait was much improved. The applicant was asked to continue wearing a brace in the interim and remain off of work, on total temporary disability. The cervical fusion surgery in question transpired on January 21, 2015, at which point the applicant received a cervical discectomy and fusion at C5-C6 and C6-C7.

IMR ISSUES, DECISIONS AND RATIONALES

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

35 day rental of Q-tech cold therapy unit and universal wrap purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS ODG Integrated Treatment/Disability Duration Guidelines Occupational Disorders of the Neck and Upper Back Continuous-flow cryotherapy.

Decision rationale: No, the request for a 35-day cold therapy unit rental was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of continuous flow cryotherapy devices for postoperative use. ODG's Neck Chapter, however, notes that continuous flow cryotherapy is not recommended in the neck. Here in this case, the attending provider failed to furnish any compelling applicant-specific rationale or medical evidence, which would offset the unfavorable ODG position on article at issue. Therefore, the request was not medically necessary.