

Case Number:	CM15-0046949		
Date Assigned:	03/19/2015	Date of Injury:	01/02/1993
Decision Date:	04/24/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/12/2015

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 69 year old male, who sustained an industrial injury on 01/02/1993. He reported injury to the low back. The diagnoses have included multilevel lumbar spine discopathy; status post thoracic spine surgery; L4-5 anterolisthesis and severe central stenosis; and L5-S1 moderate to severe central and bilateral foraminal stenosis. Treatment to date has included medications and surgical intervention. Medications have included Voltaren and Tylenol #3. A progress note from the treating physician, dated 01/21/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of aching and stabbing pain in the low back with radiation to the bilateral lower extremities; and aching pain in the upper back. Objective findings included reduced range of motion of the lumbar spine; straight leg raise test is positive on the left and right; bilateral decreased L5-S1 sensation; and a slow antalgic gait. The treatment plan has included proceeding with surgical planning. Request is being made for Ice Unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ice Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee & leg chapter under continuous flow cryotherapy.

Decision rationale: The patient presents with aching and stabbing pain in the low back (7/10) with radiation to the bilateral lower extremities; and aching pain in the upper back (4/10). The request is for an ICE UNIT. The diagnoses, per RFA dated 01/21/15 included multilevel lumbar spine discopathy; status post thoracic spine surgery; L4-5 anterolisthesis, severe central stenosis; and L5-S1 moderate to severe central and bilateral foraminal stenosis. Per 01/21/15 report, physical examination to the lumbar spine revealed decreased range of motion with spasm, especially on extension, 5 degrees. Straight leg raise test is positive at 50 degrees on the left and 35 degrees on the right. The patient has a slow antalgic gait. The MRI of the lumbar spine from June 2014 shows severe L4-L5 and L5-S1 discopathy and central canal stenosis with 7mm anterolisthesis at L5 on S1 and comprised of the left and right exiting nerve roots L5-S1. The patient is not working and has been declared permanent and stationary. The MTUS and ACOEM Guidelines do not discuss water therapy units. ODG Guidelines Knee & leg chapter under continuous flow cryotherapy states, "Recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days including home use. In a postoperative setting, continuous flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic use. However, the effectiveness on more frequently treated acute injuries has not been fully evaluated." Per 01/21/15 report, treater has requested and been approved for L4-5 and L5-S1 posterior lumbar interbody fusion surgery. Treater states, "post-surgical use of an ice unit is indicated to reduce pain, edema and swelling, increase blood circulation and reduce the risk of soft tissue or nerve damage in the immediate postoperative period." In this case, ODG Guidelines do support post-operative use of continuous flow cryotherapy for 7 day. However, the request is for an ice unit, without time limitation. There is no mention that the ice unit provides continuous flow cold therapy either. The request IS NOT medically necessary.