

Case Number:	CM15-0047554		
Date Assigned:	03/19/2015	Date of Injury:	07/14/2011
Decision Date:	05/01/2015	UR Denial Date:	03/04/2015
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, Hawaii
 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 43-year-old female who sustained an industrial injury on 7/17/2011. The initial reported injuries were not noted in the medical records provided. The injured worker was diagnosed as having lumbar disc displacement, discopathy and radiculopathy; and status-post right lumbar laminectomy and discectomy (10/26/12). Treatment to date has included consultations; x-rays - lumbar (10/26/12 & 1/27/15); magnetic resonance imaging study (1/20/15); intra-muscular Marcaine and Toradol injections; and medication management. Currently, the injured worker complains of constant, severe and radiating pain in the low back that is aggravated by activities, and causes burning in the lower extremities. The medical records from 1/27/2015, note that her low back pain has progressively worsened, despite right lumbar surgery in 2012, that conservative treatments have been exhausted, and that surgery is recommended due to the now technical instability noted on the current x-ray and magnetic resonance imaging study. She continues to work modified duty, and will do so right up to the surgery date. No medical record provided noted the recommendation for the purchase of ice unit post-surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Purchase of Ice Unit: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Used: ODG, Knee/Leg Continuous-flow cryotherapy.

Decision rationale: The patient presents with pain affecting the low back with radiation to the lower extremities. The current request is for 1 Purchase of Ice Unit. The requesting treating physician report was not found in the documents provided. MTUS does not address the current request. ODG recommends continuous-flow cryotherapy, "as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use." In this case, the patient has not recently undergone surgery and the requested L4-5 posterior lumbar interbody fusion has not yet been authorized. Furthermore, the current request is for a purchase of the ice unit and ODG only recommends up to 7 days usage. Therefore, the request is not medically necessary.