

Case Number:	CM15-0049081		
Date Assigned:	03/20/2015	Date of Injury:	04/15/2005
Decision Date:	05/01/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/16/2015

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: Arizona, California

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 64 year old male, who sustained an industrial injury on 4/15/2005. The details of the initial injury were not submitted for this review. Diagnoses include L1-S1 stenosis with chronic cauda equine syndrome, multilevel lumbar disc degeneration. Treatments to date include medication therapy and psychological treatment. Currently, they complained of progressive back pain with radiation to the lower extremities associated with urine and stool incontinence. The provider documented 11/5/14 objective findings including tenderness and muscle spasms, guarding and decreased lumbar range of motion. There was a sensory deficit noted in L5-S1 dermatomes on the right. The plan of care included lumbar decompression fusion. The PR-2 dated 1/18/15 indicated that the injured worker had multiple complaints involving the neck, back and knees. The plan of care included medication therapy and possible knee surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cryo Iceless Cold Compress X2 Weeks Rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Code of Regulations, Title 8, Effective July 18, 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- low back pain pg 17 Knee pain and pg.

Decision rationale: According to the guidelines, cold therapy is only indicated in the acute phase of injury. It may be used for 7 days post-operatively for the knee to improve healing and rehabilitation. In this case, the injury was not acute and the request for 2 weeks of use exceeded the guideline recommendations. The request is therefore not medically necessary.