

Case Number:	CM15-0052651		
Date Assigned:	03/26/2015	Date of Injury:	07/01/2002
Decision Date:	05/04/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/19/2015

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: 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 63-year-old male, who sustained an industrial injury on July 1, 2002. The diagnoses have included lumbar spondylosis , advanced lumbar degenerative disc disease , right medial meniscectomy for work related injury, right resurfacing hip arthroplasty, lumbar foraminal stenosis, lumbar laminectomy, redo central lumbar laminectomy, lumbar fusion with instrumentation and removal of deep spinal implants. Treatment to date has included medications, electrodiagnostic studies, radiological studies, psychotherapy, physical therapy, lumbar epidural steroid injection and multiple surgeries. Current documentation dated February 11, 2015 notes that the injured worker reported low back pain with radiation to the bilateral lower extremities with associated numbness. The pain and numbness was noted to be greater on the right side. Physical examination of the lumbar spine revealed tenderness over the lumbosacral midline, a forward flexed posture and a markedly restricted range of motion. His gait was noted to be slow and guarded. Sensation to light-touch was decreased in the right posterior calf and planter foot. The injured worker appeared to be depressed and sleep deprived. The treating physician's plan of care included a request for a fourteen-day rental of a cold compression unit for the lumbar with back pad compression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable medical equipment (DME) cold compression unit for lumbar with back pad compression, 14-day rental: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Fusion (spinal).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter and Knee Chapter.

Decision rationale: The Official Disability Guidelines recommend at-home local applications of cold packs in first few days of acute complaint; thereafter, applications of heat packs or cold packs. The evidence for the application of cold treatment to low-back pain is more limited than heat therapy, with only three poor quality studies located that support its use, but studies confirm that it may be a low risk low cost option. In this case, the requested cold compression unit is requested for the lumbar spine. While the Official Disability Guidelines recommend cold compression units for postoperative use for the knee, the request for cold compression unit for the lumbar spine is not supported. The request for Durable medical equipment (DME) cold compression unit for lumbar with back pad compression, 14-day rental is not medically necessary.