

Case Number:	CM15-0054890		
Date Assigned:	03/30/2015	Date of Injury:	08/14/2012
Decision Date:	05/01/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/23/2015

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, Illinois

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 injured worker is a 63 year old male who sustained a work related injury August 14, 2012. According to an interventional pain management follow-up evaluation report, dated December 10, 2014, the injured worker presented with low back pain, rated 8/10, described as sharp with numbness and a tingling sensation. He had undergone medical branch blocks (October 27, 2014) with almost 100% relief for the first three weeks and then a return of pain. The injured worker has been diagnosed of cervical disc disease; cervical radiculopathy; lumbar disc disease; lumbar radiculopathy; and lumbar facet syndrome. Treatment plan included requests for authorization for bilateral L4-S1 medial branch facet joint rhizotomy and neurolysis, cold therapy unit, and urine drug testing. According to a primary treating physicians progress report, dated February 10, 2015, the injured worker presented with lumbosacral pain, 7/10, tenderness and moderate spasm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold Therapy Unit for 30 days Post-Rhizotomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Low Back Procedure Summary, Cold/Heat Packs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Continuous-flow cryotherapy.

Decision rationale: The injured worker sustained a work related injury on August 14, 2012. . The medical records provided indicate the diagnosis of cervical disc disease; cervical radiculopathy; lumbar disc disease; lumbar radiculopathy; and lumbar facet syndrome. The medical records provided for review do not indicate a medical necessity for Cold Therapy Unit for 30 days Post-Rhizotomy. The MTUS recommends the use of at-home local applications of cold in first few days of acute complaint; thereafter, applications of heat or cold ; but makes no reference to the use of cold therapy unit. The Official Disability Guidelines recommends the use of continuous-flow cryotherapy as an option within 7 days of surgery, but recommends against its use in non-surgical conditions. Additionally, the Official Disability Guidelines states there is insufficient evidence to document that the use of continuous-flow cooling systems (versus ice packs) is associated with a benefit beyond convenience and patient compliance. The request is not medically necessary.